TOWN OF EASTON
P.O. Box 520
14 S. Harrison Street
EASTON, MD 21601

DATE: _____

MARYLAND PUBLIC INFORMATION ACT REQUEST

NAME, ADDRESS, PHONE NUMBER AND ORGANIZATION OF REQUESTOR:

_____

_____

_____

_____

_____

_____

TO TOWN CLERK:

In accordance with the Administrative Orders of the Town of Easton, request is hereby made for (PLEASE CHECK) _____ examination / _____ copy of the following record(s), if any (identify as specifically as possible the record desired):

I understand that if the Town does not have the record as requested above, it is not required to compile information. I further understand that the examination or copy must be paid for in advance as prescribed.

It is also understood that if I am permitted to examine the record, I shall not alter, falsify, cancel, destroy, mutilate or remove any part thereof, under penalty of law.

If the Town denies access to the records I have requested herein, I understand that I have the right to seek judicial review of the decision by filling a complaint in the circuit court, as provided in Section 10-623 of the State Government Article, Annotated Code of Maryland (1995 Repl. Vol.), which sets forth certain remedies for wrongful denial of access.

Date: _____ _____
Signature

For office use only

RECEIVED ON _____ NOTIFICATION OF AVAILABILITY/COST ON _____

FEE PAID ON _____ INFORMATION AVAILABLE ON _____

INFORMATION RECEIVED BY REQUESTOR ON _____

Freedom Of Information Requests Are Subject To Disclosure Under The Maryland Public Information Act