

Requester's name
Address
Telephone, fax and e-mail

Contact person, records custodian
Agency or office name
Agency or office address

Date

Dear _____:

This is a request under the Maryland Public Information Act, State Government Article 10-611 to 618. I request copies of the following public records for all departments under your control:
• (Be as specific as possible in identifying the record or records)

If any of this information exists in electronic database form, I would like to receive the information in that format.

I agree to pay reasonable duplication or copying fees for processing this information in an amount not to exceed \$50. However, please notify me prior to incurring any expenses in excess of that amount.

OR

As a working member of the media whose sole interest is furthering the public's knowledge and understanding of the issue to which these records apply, and because publication of this material is in the public's interest, I request you waive any costs or fees.

If all or any part of this request is denied, I request that I be provided with a written statement of the grounds for denial. If you determine that some portions of the requested records are exempt from disclosure, please provide me with the portions that can be disclosed.

I expect, as noted in the state Public Information Act, that I will be advised within 10 days if your agency is not the custodian of these records and, otherwise, that the request will be filled within 30 days as required by law. Thank you for your help.

Sincerely,

Your name
Your title