



City of Havre de Grace

711 PENNINGTON AVENUE, HAVRE DE GRACE, MARYLAND 21078
WWW.HAVREDEGRACEMD.COM

410- 939-1800
410- 575-7043

REQUEST FOR ACCESS TO PUBLIC RECORDS Pursuant to 10-611 et seq. of the State Government Article, Annotated Code of Maryland

Date _____ Phone# _____

Name: _____

Please Print

Address: _____

City & State: _____ Zip: _____

AFTER TWO (2) HOURS, THERE IS AN HOURLY CHARGE EQUIVALENT TO THE HOURLY RATE OF THE CUSTODIAN OF THE RECORDS. THERE IS A CHARGE OF .25 CENTS PER PAGE FOR DUPLICATION.

I request to review the following public record/s:

I understand that if the City does not have the record as requested above, it is not required to compile information. I further understand that the costs of gathering the documents requested and copying them must be paid for prior to release of the documents. I understand 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 City denies access to the records I have requested herein, I understand that I have the right to seek judicial review of that decision by filing a complaint in the appropriate circuit court, as provided in 10-623 of the State Government Article, Annotated Code of Maryland, which sets forth certain remedies for wrongful denial of access.

Signature of Applicant: _____ Date: _____

Request approved by: _____ Date: _____

Request is Approved: ____ Denied: ____ If denied, give reason: _____

Requestor Notified of Response on: _____ by: _____

Information Made Available On: _____ by: _____

Fee Charged: \$ _____ Fee Paid: \$ _____ Rec'd by: _____

Documents/Information Received by: _____