

CITY OF HAVRE de GRACE
711 PENNINGTON AVENUE
HAVRE de GRACE, MD 21078
410-939-1800

REQUEST FOR ACCESS TO PUBLIC RECORDS

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.
THERE IS A CHARGE OF .25 PER PAGE FOR DUPLICATION.

I REQUEST TO REVIEW THE FOLLOWING PUBLIC RECORD:

SIGNATURE OF APPLICANT _____

REQUEST APPROVED BY _____ DATE _____

APPLICANT CONTACTED BY: PHONE ___ MAIL ___ DATE _____

COMMENT: _____

TIME IN: _____ TIME OUT: _____ DATE: _____

CUSTODIAN: _____

TOTAL CHARGES: _____ RECEIPT# _____