



**WORCESTER COUNTY HEALTH DEPARTMENT  
 OFFICE OF ENVIRONMENTAL HEALTH  
 13070 ST. MARTINS NECK RD  
 BISHOPVILLE, MARYLAND 21801  
 Telephone 410-352-3234  
 Fax 410-352-3369**

**"Freedom of Information Request"**

**Request for file review**

I request to review information from the following specific record(s) in the custody of the Worcester County Health Department. This request is pursuant to "Public Information Act," Maryland Annotated Code § 10-611 et seq and COMAR Title 10.01.08.04 "Procedures for Access to Records".

**RECORD(S) REQUESTED:** \_\_\_\_\_

**FACILITY NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**REQUESTOR**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

I understand:

- A time will be made available for the inspection of the record(s) during normal business hours. This will require a future appointment.
- I understand there are charges of \$0.50 per copied page and \$25.00 per hour of employee time to respond to the request for public information, after the first two hours (which are free). Payment is required before services are rendered (cost estimates will be made for large volume requests and half payment will be required prior to processing).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Department Use Only: Records Pulled: \_\_\_\_\_

Copies Made: \_\_\_\_\_

Charge: \_\_\_\_\_ Receipt Number: \_\_\_\_\_ Check Number: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- Pursuant to Annotated Code of Maryland § 10-614 (a) (2), a custodian who approves this application shall produce the record within the reasonable period that is needed to retrieve the public record, but not to exceed 30 days after receipt of the application.