



WORCESTER COUNTY HEALTH DEPARTMENT

6040 PUBLIC LANDING ROAD
SNOW HILL, MARYLAND 21863
Telephone 410-632-1100
Fax 410-632-0906

"Freedom of Information Request"

Request for copies of records

I request 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 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.