TOWN OF SNOW HILL
P.O. Box 348
103 Bank Street
Snow Hill, Maryland 21863

Date _____

MARYLAND PUBLIC INFORMATION ACT REQUEST

NAME, ADDRESS, PHONE NUMBER AND ORGANIZATION OF REQUESTOR:

_____

_____

TO: TOWN MANAGER: Kelly Brewington

In accordance with the Administrative Orders of the Town of Snow Hill, request is hereby made for
(PLEASE CHECK) _____ Examination _____ copy of the following record(s) if any
(identify as specifically as possible the record desired):

I understand that if the Town does not have the record as requested above, it is not required to compile information. I further understand that the examination or copy must be paid for in advance as prescribed.
It is also understood that if I am permitted to examine a record, I shall not alter, falsify, cancel, destroy, mutilate or remove any part thereof, under penalty of law.
If the Town denies access to the records I have requested herein, I understand that I have the right to seek judicial review of the decision by filing a complaint in the circuit court, as provided in Section 10-623 of the State Government Article, Annotated Code of Maryland (1995 Repl. Vol.), which sets forth certain remedies for wrongful denial of access.

Date: _____ Signature: _____

For office use only

RECEIVED ON: _____ NOTIFICATION OF AVAILABILITY/COST ON: _____

FEE PAID ON: _____ INFORMATION AVAILABLE ON: _____

INFORMATION RECEIVED BY REQUESTOR ON: _____

Freedom Of Information Requests Are Subject To Disclosure Under The Maryland Public Information Act