

**WICOMICO COUNTY HEALTH DEPARTMENT  
ENVIRONMENTAL HEALTH  
108 E. MAIN STREET  
SALISBURY, MARYLAND 21801  
Telephone 410-546-4446  
Fax 410-219-2882**

**“Freedom of Information Request”**

I request information from the following specific record(s) in the custody of the Wicomico County Health Department under “Public Information Act,” Maryland Annotated Code 10-611 et seq. The procedures are also detailed in Wicomico County’s Policy for Public Information Act Requests and COMAR 26.01.04 “Filing Requestors for Inspection and Copying of Records”.

A time will be made available for the inspection of the record(s) during normal business hours. This may require a future appointment. There is no charge for the first four copies, \$.50 for each copy thereafter, \$15.00 administrative charge after twenty four copies.

RECORD(S) REQUESTED:

PROPERTY ID: \_\_\_\_\_ TAX MAP: \_\_\_\_\_ PARCEL: \_\_\_\_\_

SUBDIVISION: \_\_\_\_\_ SEC: \_\_\_\_\_ BLK: \_\_\_\_\_ LOT: \_\_\_\_\_

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

RECORDS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REQUESTED BY : \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_ (P): \_\_\_\_\_

ADDRESS: \_\_\_\_\_ (Fax) \_\_\_\_\_

SIGNATURE : \_\_\_\_\_ DATE: \_\_\_\_\_

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

Copied Made \_\_\_\_\_

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

Date: \_\_\_\_\_ Clerk: \_\_\_\_\_