

FREEDOM OF INFORMATION REQUEST

Environmental Health

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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".

This request will be processed within 10 business days. There is no charge for the first four pages but there is a charge of \$.50 for each page thereafter as well as a \$25.00 administrative charge after 24 pages.

Address of property:					
Property ID:	perty ID: Subdivision:				
Тах Мар:	Parcel:	Section: _	Blo	ck:	Lot:
Records requested: _					
Name of person reque	esting records:				
Company:	Email address:				
Address:					
Phone (Office): (Ce		(Cell):	(Fax):		
I would like the record	s sent by: 🗆 Fax	c □ Email	□ Mail	☐ Pick-u	р
Signature of person re	equesting records		Date		
Office use only: Records pulled:					
# of copies made:	Charge:		Receipt #:		
Date [.]	Clerk [.]				