



Public Health
Prevent. Promote. Protect.
Wicomico County
Health Department

FREEDOM OF INFORMATION REQUEST

Environmental Health

www.wicomicohealth.org

Phone: 410-546-4446

Date: _____

Fax: 410-219-2882

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 but there is a charge of \$.50 for each copy thereafter as well as a \$25.00 administrative charge after 24 copies.**

Address of property: _____

Property ID: _____

Subdivision: _____

Tax Map: _____ Parcel: _____ Section: _____ Block: _____ Lot: _____

Records requested: _____

Name of person requesting records: _____

Company: _____ Email address: _____

Address: _____

Phone (Office): _____ (Cell): _____ (Fax): _____

I would like the records sent by: ☐ Fax ☐ Email ☐ Mail ☐ Pick-up

Signature of person requesting records

Office use only:

Records pulled: _____

of copies made: _____ Charge: _____ Receipt #: _____

Date: _____ Clerk: _____