



BALTIMORE CITY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH
ENVIRONMENTAL INSPECTION SERVICES
 1001 E. Fayette Street
 Baltimore, Maryland 21202
 (O) 410-396-4428 (F) 410-396-5986



MARYLAND PUBLIC INFORMATION ACT REQUEST

PERSON REQUESTING: _____ DATE OF REQUEST: _____

COMPANY/AGENCY: _____

ADDRESS: _____

PHONE NUMBER: _____ EMAIL: _____

Under the Maryland Public Information Act § 10-611 et seq., I am requesting an opportunity to review and/or obtain copies of the public records described below.

RECORD DESCRIPTION	TYPE OF REQUEST
<input type="checkbox"/> ENVIRONMENTAL RECORDS (HAZMATS, CONTAMINATION, WELLS, ETC.)	<input type="checkbox"/> COPIES <input type="checkbox"/> FILE REVIEW
<input type="checkbox"/> FOOD FACILITY RECORD	<input type="checkbox"/> COPIES <input type="checkbox"/> FILE REVIEW
<input type="checkbox"/> SCHOOL CAFETERIA RECORD	<input type="checkbox"/> COPIES <input type="checkbox"/> FILE REVIEW
<input type="checkbox"/> DAYCARE/FAMILY DAYCARE CENTER	<input type="checkbox"/> COPIES <input type="checkbox"/> FILE REVIEW
<input type="checkbox"/> COMPLAINT RECORD	<input type="checkbox"/> COPIES <input type="checkbox"/> FILE REVIEW
<input type="checkbox"/> ASSISTED LIVING	<input type="checkbox"/> COPIES <input type="checkbox"/> FILE REVIEW
<input type="checkbox"/> SWIMMING POOL OR SPA	<input type="checkbox"/> COPIES <input type="checkbox"/> FILE REVIEW
<input type="checkbox"/> TATTOO FACILITY	<input type="checkbox"/> COPIES <input type="checkbox"/> FILE REVIEW
<input type="checkbox"/> OTHER:	<input type="checkbox"/> COPIES <input type="checkbox"/> FILE REVIEW

TRADE NAME OF FACILITY (IF APPLICABLE): _____

ADDRESS OF FACILITY OR PROPERTY: _____

TIME FRAME FOR THE RECORDS YOU ARE REQUESTING: _____ THROUGH _____

Generally, the files will be made available to you within 30 days of your request. A letter of acknowledgement will be sent to you after a search of the requested file(s). We ask that you schedule your file review within 60 days of receiving our letter of acknowledgment. Any delay beyond 60 days may result in the requirement for a new request.

SIGNATURE OF REQUESTOR: _____

OFFICE USE ONLY: PLEASE DO NOT WRITE BELOW THIS LINE

TOTAL PAGES OBTAINED: _____ **TOTAL FEE:** _____

REVIEWED BY: _____ TITLE: _____ DATE: _____