

ATTACHMENT A
CITY OF GLENARDEN
MARYLAND PUBLIC INFORMATION ACT (MPIA) REQUEST FORM

(Please Print)

REQUESTOR	Name of Individual: _____ Date: _____ Name of Organization: _____ Date: _____ Address: _____ _____ Phone/Email Address: _____
INFORMATION REQUESTED	Pursuant to §10-611 <i>et seq.</i> of the State Government Article, Annotated Code of Maryland, request is hereby made for (please specify): ____ examination, AND/OR ____ copies of the following records. The request should be as specific as possible, and should include specific dates and/or time frames; document names or subject matter; and specific locations and/or addresses:
SIGNATURE	I understand that if the City of Glenarden does not have the record as requested above, it is not required to compile information. I further understand that the costs of gathering the documents requested and copying them must be paid for prior to release of the documents (fee schedule attached). I understand that if permitted to examine the record, I shall not alter, falsify, cancel, destroy, mutilate or remove any part thereof, under penalty of law. If the City of Glenarden denies access to the records I have requested herein, I understand that I have the right to seek judicial review of that decision by filing a complaint in the appropriate circuit court, as provided in §10-623 of the State Government Article, Annotated Code of Maryland, which sets forth certain remedies for wrongful denial of access. Date: _____ Signature: _____
FOR OFFICE USE ONLY	
PROCESSING	Date of Receipt (by Executive Assistant): _____; Date Given to Dept. Head _____ Name of Dept. Head/Dept. _____ Initials: _____ Status of Request: Approved ____ Denied ____; if denied, give reason: _____ Date Returned to Executive Assistant: _____ Initials: _____ Date Received/Responded by City Attorney: _____/_____ Date Requestor Notified of Completion: _____ Processor Initials: _____ Date Request/Document(s) Received by Requestor: _____ Processor Initials: _____ Date Request/Document(s) Mailed to Requestor: _____ Processor Initials: _____
RECEIPT	Fee Charged: \$ _____ Fee Paid: \$ _____ Rec'd By (name/initials): _____ Date Received by Treasurer's Department: _____ Initials: _____