COUNTY COUNCIL OF DORCHESTER COUNTY
501 COURT LANE
CAMBRIDGE, MARYLAND 21613
Phone: (410) 228-1700
Fax: (410) 228-9641

PUBLIC INFORMATION REQUEST FORM

I,_____, on this _____
(Print Name) **(Day)**
day of _____, 20__ do hereby request a copy of
(Month)

_____
(Name of Document Requesting)

_____

pursuant to § 10-611 through § 10-628 of the Annotated Code of Maryland entitled "Access to Public Records". I do understand that the County charges a copy fee of **25¢ per page (Black & White) and 50¢ per page (Color)** with the understanding that the first page will be provided without a copy charge and that *additional charges may apply for researched materials. I agree to pay the total amount due upon receipt of the above requested document(s).

***Pursuant to Resolution No. 582 the first two hours of research will be at no charge and subsequent time will be charged at a rate of $20 per hour.**

_____ **Amount Due** _____
(Signature)

_____
(Phone #)