



**BALTIMORE CITY HEALTH DEPARTMENT**  
**Environmental Inspection Services**  
**1001 E. FAYETTE STREET**  
**BALTIMORE, MARYLAND 21202**  
**(410) 396-4428**



**Maryland Public Information Act**  
**Request**

Date: \_\_\_\_\_

**Person Requesting:**

Name (print): \_\_\_\_\_

Company/Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

**Type of Request:** \_\_\_\_\_ Environmental Records (Haz-Mats, Contamination, Wells, etc.)  
 \_\_\_\_\_ File Inquiry- Food Facility Records: Requesting: **copies** \_\_\_\_\_ **review file** \_\_\_\_\_  
 \_\_\_\_\_ File Inquiry- Community Records: Requesting: **copies** \_\_\_\_\_ **review file** \_\_\_\_\_  
                   \_\_\_\_\_ *Pool*        \_\_\_\_\_ *School*        \_\_\_\_\_ *Daycare/Family Daycare Center*  
                   \_\_\_\_\_ *Group Home*        \_\_\_\_\_ *Assisted Living*        \_\_\_\_\_ *Complaints*  
                   \_\_\_\_\_ *Tattoo Facility*        \_\_\_\_\_ *Home/Rental Property*        \_\_\_\_\_ *Other*

Name (Trade Name if known): \_\_\_\_\_

Address: \_\_\_\_\_

Time Frame of Records Requesting: \_\_\_\_\_

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.

Requester's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**OFFICE USE ONLY: DO NOT WRITE BELOW THIS LINE**

\_\_\_\_\_ Number of Copies Obtained

**Copy Fee:**

\$15 for the first 10 pages,  
50¢ for each additional page

Reviewed by Custodian:

Name: \_\_\_\_\_

Total Fee: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_