



We prefer you email your requests for records. Please use one email per property. Please be specific about records requested. Multiple requests under one email and/or form may be over looked.

TO: erica.plank@maryland.gov

SUBJ: Records Search Request for (911 address of property – or tax ID number)

BODY OF EMAIL SHOULD BE SOMETHING LIKE: Please send me well/septic/perc records for the above referenced property. The Map is __, Parcel __ (Lot number if in sub'd and name of subdivision)

If you are unable to email a request, complete the form below; submit your request either by mail or fax (410) 479-4082

MARYLAND PUBLIC INFORMATION ACT ("PIA") REQUEST FOR RECORDS SEARCH

Complete sections A-C only. PLEASE PRINT. Please use separate forms for separate parcels. CANNOT PROCESS INCOMPLETE APPLICATIONS. Please allow 10 business days processing time

Under General Provisions Article ("GP"), §§ 4-101 through 4-601, Annotated Code of Maryland, a records search is requested for the property listed below:

A) APPLICANT (Request information to be faxed to (fax#):

NAME: BUSINESS NAME (if applicable) Mailing address: DAY PHONE: Include Street or Post Office Box, City, State, ZIP CODE

OR EMAIL TO:

B) Information requested for property located at: (911 address)

CURRENT OWNER: NAME OF SUBDIVISION SPECIFIC RECORDS REQUESTED: MAP GRID/BLOCK PARCEL LOT# PERC SEPTIC WELL OTHER (SPECIFY)

Applicant's Comments:

If copies made, I understand that a minimum \$1 fee will be charged for copies under 4 pages and additional fees assessed for more than 4 copies. I also understand that if staff time in record retrieval takes more than two (2) hours, then additional fees will be assessed.

X Applicant's signature Date

HEALTH DEPARTMENT USE ONLY

FILE CONTAINED INFORMATION RESTRICTED BY LAW? IF YES, DESCRIBE ACTION BELOW: H.D.COMMENTS: COPIES MADE \$ PAID RECEIPT# PT ID#

DATE FILE RETRIEVED: WITNESS TO INSPECTION: CUSTODIAN SIGNATURE