

SECTION 3 OF THE VILLAGE OF CHEVY CHASE

P.O. Box 15070

Chevy Chase, Maryland 20815

301 656-0117

www.chevychasesection3.org

Request for information under the

MARYLAND PUBLIC INFORMATION ACT

Date _____

Applicant Name _____

Address _____

Phone Number _____ Email Address _____

INFORMATION REQUESTED

Note: This request should be as specific as possible and should include dates and/or time frames; document names or subject matter; and specific locations and/or addresses)

*Pursuant to Section 4-101, et seq. of the General Provisions Article, Annotated Code of Maryland, request is hereby made for (please specify): _____ examination AND/OR
_____ copies of the following records*

(additional sheets can be submitted if necessary)

I understand that if the Village does not have the record as requested above, it is not required to compile information. I further understand that the costs of gathering information requested and copying them must be paid prior to release of the documents. I understand that if I am permitted to examine the record, I shall not alter, falsify, cancel, destroy, mutilate, or remove any part thereof, under penalty of law. If the Village denies access to the records I have requested herein. I understand that I have the right to file a request for mediation with the Public Access Ombudsman and, if the Ombudsman is unable to resolve the matter, may subsequently seek resolution from the Public Information Act Compliance Board for those matters within the Compliance Board's jurisdiction. I understand I have the right to seek judicial review of that decision by filing a compliant in the appropriate circuit court, as provided in Section 4-362 of the General Provisions Article, Annotated Code of Maryland.

Date: _____ Signature _____

For Village Use Only

Date Received _____ By _____
Request Approved _____ Date _____ Denied _____ Date _____
Village Attorney Reviewed _____ (yes or no)
Applicant Notified of initial response (if applicable) _____ Date _____
Applicant Notified of final response and provided information _____ Date _____
Fee charged: _____ Check # _____ Date: _____

