ATTACHMENT A

ACCESS TO PUBLIC RECORDS OF THE CITY OF ABERDEEN APPLICATION

TO APPLICANT: Please read the instruction carefully before completing application. No determination will be made unless a completed application form has been received. Once an application is received the City's Custodian of Records will either grant the application in writing or by phone within thirty (30) days of receipt of the application, or, if the application is denied the applicant will be notified, in writing, within ten (10) days of receipt of the application of the reason and legal authority for disapproval of the application. To avoid delays be very specific in your request. If you should have any questions, contact the City's Department of Administration at 410-272-1600.

This application is in accordance with Title 10, Subtitle 6 of the State Government Article of the Annotated Code of Maryland which governs access to public records in the State of Maryland.

(PLEASE PRINT CLEARLY)

DATE: _____

NAME: _____

LAST FIRST MIDDLE INNITIAL

ADDRESS: _____

TELEPHONE NO._____FAX NO._____E-MAIL_____

RECORDS REQUESTED (BE SPECIFIC): _____

_____

DO YOU NEED TO SCHEDULE AN APPOINTMENT TO REVIEW PUBLIC RECORDS?

YES_____ NO _____

PLEASE READ AND SIGN BELOW

I understand and agree to the terms of this application according to Title 10, Subtitle 6 of the State Government Article of the Annotated Code of Maryland and the City of Aberdeen.

SIGNATURE OF APPLICANT:_____

FOR OFFICE USE ONLY:

APPLICATION NO. _____

DATE APPLICATION RECEIVED:_____

DATE RESPONSE WAS MAILED:_____

APPROVED/DENIED:_____ CHARGES _____

COMMENTS: _____

_____

SIGNATURE OF CUSTODIAN:_____

DATE: _____