



Maura J. Rossman, M.D.

Public Information Act Request Form

Pursuant to the general provisions of Article Section 4-101 through 4-601, of the Annotated Code of Maryland, the undersigned requests a copy of all public records containing the information hereinafter described.

Requester Name _____	Address _____		
City _____	State _____	Zip _____	Phone _____

Regular Mail: _____ Fax: _____ (provide fax number)

Email: _____ (provide email address)

I request the following public record/s:

A copying fee of \$.60 will be charged \$.60 per page copied. If staff time in record retrieval takes more than two (2) hours, then a fee of \$25.00 per hour after two (2) hours will be assessed. No request for any proprietary information enclosed in the file and all copies larger than 11"x17" may best be provided by the proprietor of the document.

Should your request be denied, you will be notified within 10 days and you will have the right to petition the circuit court in the jurisdiction of your residence or business location, or where the records are situated, to review the matter and rule on such denial.

 Requester's Signature Date

FOR OFFICE USE ONLY		
_____ Date Received	_____ Date Completed	_____ # of Pages
_____ Record Found	_____ Preparation Time	_____ Staff Initials