

COUNTY COUNCIL OF DORCHESTER COUNTY
501 COURT LANE
CAMBRIDGE, MARYLAND 21613
Phone: (410) 228-1700
Fax: (410) 228-9641



PUBLIC INFORMATION REQUEST FORM

I, _____, on this _____
(Print Name) (Day)
day of _____, 2008 do hereby request a copy of
(Month)

(Name of Document Requesting)

pursuant to § 10-611 through § 10-628 of the Annotated Code of Maryland entitled "Access to Public Records". I do understand that the County charges a copy fee of **10¢ per page** with understanding that the first page will be provided without a copy charge. I agree to pay the total amount due upon receipt of the above requested document(s).

(Signature) **Amount Due** _____

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