

TOWN OF CHEVERLY, MARYLAND

REQUEST OF ACCESS TO AND INSPECTION OF PUBLIC RECORDS

Date: _____

To: Coordinator of the Record

From: Name _____

Address _____ Phone# _____

I request to examine, inspect, or reproduce the following public record:

Name of record or reasonable description: _____

Reason For Request: _____

Signature of Applicant

To be used by custodian of the record to determine if release of information is contrary to public interest.

RETURN TO: TOWN OF CHEVERLY, 6401 FOREST ROAD, CHEVERLY, MARYLAND

***** Do Not Write Below This Line*****

FOR TOWN USE ONLY

1) Inspection Request:

Approved --- May be examined, inspected or reproduced on: Date: _____ Time: _____

Denied --- Reason: _____

Not Available

Temporarily Not Available --- May be examined, inspected or reproduced on: Date: _____

Time: _____

2) Copies provided: Number of Copies _____ @ \$.10/each = _____

(List if necessary)

Signature

Title

Date