

**TOWN OF CHARLESTOWN
241 MARKET STREET, POST OFFICE BOX 154
CHARLESTOWN, MARYLAND 21914**

INFORMATION REQUEST FORM

Name: _____

Address: _____

Daytime Phone Number: _____

Information Requested (Please be specific):

In accordance with the Annotated Code of Maryland, the Town of Charlestown will charge \$0.25 per page. There will be a charge of \$5.00 each for audio cassette tape and/or compact disc. If the request for information exceeds two hours of staff time, a charge of \$10.00 per hour will be added to the cost. We will contact you when the requested material is ready. Payment for materials is required upon receipt.

Requests will be processed in a timely manner. However, in accordance with the Annotated Code, the Town has thirty (30) days to provide the information. All requests for information will be approved before being released. Unaudited financial reports will not be released unless approved by formal motion by the Board of Commissioners.

I have read the aforementioned information and agreed to pay all associated costs. I understand the Town has rights to deny information in accordance with the Annotated Code of Maryland.

Signature: _____

Printed Name: _____

FOR OFFICE USE ONLY

Approval Date: _____ By: _____ Amount Due: _____

Date information received: _____ Information received by: _____