

**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: \_\_\_\_\_

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FOR OFFICE USE ONLY

Approval Date: \_\_\_\_\_ By: \_\_\_\_\_ Amount Due: \_\_\_\_\_

Date information received: \_\_\_\_\_ Information received by: \_\_\_\_\_