APPENDIX I



Bureau of Environmental Health Public Information Act (PIA) Request for Information

Telephone: 410-877-2300

Fax: 443-643-0333

(processor)

Email: HCHD.EHPIA@maryland.gov

REQUESTER INFORM	MATION			
Name (First, MI, Last)				
Title				
Organization				
Category	☐ Attorney	☐ Citizen	☐ Interest Group	
	☐ Consultant	□ Media	☐ Student	□ Other
Street Address				
City	State	Zip	County	
Telephone				
Billing address (if differe	nt than above)			
Street Address				
City	State	Zip	County	
Telephone				
PROPERTY/FACILITY	Y FOR WHICH INFORMAT	TION IS REQUESTED		
Facility Name				
Street Address				
Subdivision				
	Grid Parcel			
PLEASE COMPLET	TE BACK PAGE		OTTE CO	
				JSE ONLY
			No. of photocopies	S
				(receipt/slip #

Please check the H	CHD program from which you are seeking records.			
☐ Air Quality and S	Solid Waste Control			
☐ Building Permits				
☐ On-Site Sewage	Disposal Permits, Inspection and Enforcement			
☐ Percolation Tests				
☐ Site Plans				
☐ Subdivision Plans				
□ Well Permits				
□ Well Water Samp	pling			
☐ Food Control/Foo	od Facility Inspections			
☐ Rabies/Vector Co	ontrol			
Please specify what	information is being requested:			
PLEASE NOTE:	Under the Public Information Act, the Harford County Health Department has 30 (thirty)			
	days to fulfill this request for information, whereupon, if the request cannot be honored,			
	you will be notified within 10 (ten) days regarding the denial.			
FEE INFORMATI	ON: Photocopies are \$0.50 per page for requests over 10 pages. Postage will be added to			
	the photocopy fee for items mailed. Staff time is charged at \$25 per hour after the			
	first two hours. See fee schedule on PIA Memorandum dated June 29, 2016.			
If you have any que	estions or concerns about the information received, the staff of the Bureau Of			

Environmental Health is available to review the records with you.