



CITY OF HAGERSTOWN

Public Information Act Request Form

PURSUANT TO GENERAL PROVISIONS, SECTION 4-203, OF THE ANNOTATED CODE OF MARYLAND, THE UNDERSIGNED REQUESTS A COPY OF THE FOLLOWING RECORDS:

Date: _____

Requestor: _____ Phone No: _____

Requestor's Address: _____

City: _____ State: _____ Zip: _____

Email address: _____

I request the following public record(s):

Requestor's Signature: _____

Received by: _____ Date: _____

Please email PIA Request form to piarequest@hagerstownmd.org.