



## Town of Berlin Public Information Act Request Form

<b>Name:</b>		<b>Date:</b>	
<b>Address:</b>		<b>Telephone:</b>	
<b>City, State Zip:</b>		<b>Fax:</b>	
<b>Email:</b>		<b>Other Contact:</b>	
<b>Preferred Method of Delivery</b>	<input type="checkbox"/> U.S. Mail/ <input type="checkbox"/> Fax/ <input type="checkbox"/> E-mail/ <input type="checkbox"/> View at Town Hall/ <input type="checkbox"/> Other _____		

1. Records or Information Requested: *(Please be as specific as possible, i.e. "FY2013 Audit Report" rather than "Financials")* The Town of Berlin will produce the requested documents within thirty (30) days if the documents are available. If fulfillment will take longer than 30 days, or your request is denied, you will be notified within ten (10) days.

_____ _____ _____	_____ _____ _____
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**2. Form of Fulfillment: (please see important information regarding possible fees)**

- Inspect documents only – documents will be made available for your review, in the presence of a staff member, at Berlin Town Hall, 10 William Street, Berlin, MD 21811 at an agreed-upon time/date, during regular business hours, Monday-Friday, 8:30 AM to 5:00 PM, except holidays.
- Receive paper copies of documents.
- Receive electronic copies of documents. Documents will be scanned and emailed, unless resulting electronic file is too large. If too large, you will be contacted to select another method of delivery.

**2. Method of Delivery for Paper Copies: (please see important information regarding possible fees)**

- Pick documents up. You will be notified by telephone or email when documents are available.
- Mail to address indicated above.

**2. Calculation of Fee: (no fee will be assessed if totaling \$1.00 or less)**

- Paper copies of documents will incur a cost of \$.25 per page, unless a separate departmental fee schedule applies.
- If mailed, or otherwise delivered by a third party, an additional cost for such service may be incurred.
- Regardless of delivery method, if the request requires more than two (2) hours to research and compile, you may be charged an administrative cost for the employee's time after the first two hours. You will be notified of the estimated cost and, if the scope of work is extensive, a \$10.00 or 25% deposit (whichever is greater) may be required.  Please check here if you wish to receive an estimate of the fee before proceeding with fulfillment.

I, the undersigned, agree to the conditions as outlined above.

Signature \_\_\_\_\_

For Office Use only: Date Rec'd. \_\_\_\_\_ Date Approved/Denied: \_\_\_\_\_ By: \_\_\_\_\_

**Actual Fee:**

Departmental Document Fee: \$ _____ Other Paper Document Fee: # _____ sheets X \$.25 = \$ _____ Postage/Other Delivery: _____ Administrative: \$ _____ TOTAL (Est.): \$ _____
Deposit Paid: \$ _____ Bal \$ _____ Date Paid in Full: _____

Delivery Date: _____ or Picked Up By: _____ Date: _____ Method of Delivery: <input type="checkbox"/> U.S. Mail <input type="checkbox"/> Fax <input type="checkbox"/> E-mail <input type="checkbox"/> Other _____ Tracking # _____
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