



Information Request

Town of Port Deposit
64 South Main Street
Port Deposit, MD 21904
townhall@portdeposit.org
410.378.2121
Fax: 410.378.9104

Name: _____

Address: _____

Daytime Phone Number: _____ Email: _____

Information Requested (Please be specific):

In accordance with the Annotated Code of Maryland, The Town of Port Deposit will charge \$0.25 per page for copies. A charge of \$10.00 per hour for all requests exceeding two hours will also be added. Payment for copies is required upon receipt.

Port Deposit will make every effort to process the request in a timely manner. However, in accordance with the Annotated Code of Maryland, the Town has 30 days to provide the information. Unaudited financial reports will not be released unless approved by formal motion of the Council. We will contact you when the information is ready for pick-up.

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

Signature: _____ Printed Name: _____

Office Use Only

Approval Date: _____ By: _____

Amount Due: _____ Date Picked Up: _____ Received by: _____