

**Prince George's County, Maryland**  
**Request for Access to and Inspection of Public Records**

**MAIL TO:** Apryl Newman, Public Record Coordinator (FAX 301-883-7896) Date: \_\_\_\_\_  
Prince George's County Health Department, Headquarters Building  
1701 McCormick Drive, Suite 200  
Largo, Maryland 20774

**FROM:** Name \_\_\_\_\_ Phone: \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

I request to examine, inspect, or reproduce the following public record located at the following site:  
\_\_\_\_\_ (or give the name of the agency)

Name of Record or Reasonable Description: \_\_\_\_\_ Number of Copies: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Reason for Request<sup>1</sup>: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

*'To be used by Custodian of the record to determine if release of information is contrary to the public interest.*

**DO NOT WRITE BELOW THIS LINE**

**For Department Use Only**

- 1) Inspection request:
- Approved  
May be examined, inspected or reproduced on: \_\_\_\_\_ Date: \_\_\_\_\_  
Time: \_\_\_\_\_
- Denied. Reason for denial: \_\_\_\_\_
- Not Available
- Temporarily not available  
May be examined, inspected on: \_\_\_\_\_ Date: \_\_\_\_\_  
Time: \_\_\_\_\_  
Place: \_\_\_\_\_

2) Copies provided applicant:

<u>Name of Record</u>	<u>No. of Copies</u>	<u>Cost Per Copy</u>	<u>TOTAL COST<sup>2</sup></u>
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\_\_\_\_\_  
Signature of Coordinator

<sup>2</sup>Payable to Prince George's County Government by cash, check, or money order.