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PUBLIC INFORMATION ACT REQUEST FORM

Date of Request _____

Applicant's Name

Applicant's Address

City, State, Zip

Home Phone Number

Business Phone Number

Applicant's Signature

Description of Requested Public Document(s):

Choose the Form of Response:

- Pickup (you will be notified by phone when the documents are available)
 Mail to address above (requires pre-payment of postage costs)
 Inspection of Documents Only

Copies of Documents - .25 per copy

The Town of New Windsor will produce the requested documents within 30 days if the documents are available. If your request is denied, you will be notified within 10 days. If the request requires more than 2 hours to research and compile, you may be charged for the employee's time after the first 2 hours.

FOR OFFICE USE ONLY

Request No. _____

Request: Approved _____(date) Denied _____(date) Completed _____(date)

Official signature _____