Request For Public Information

Date of Request: __________________________

Pursuant to Public Information Act of Maryland, I _________________________________. (Print Name)

hereby request the below listed information from the Humane Society of Carroll County, Inc. I acknowledge
The Public Information Act pertains to documents ONLY and that the Records Custodian, or his/her designee,
according to the Public Information Act, has the right to review this request, having ten (10) days to grant or
deny it, with cause. If the request is granted, the Custodian shall produce the record immediately or within a
reasonable period of time. I understand that fees can be charged for retrieving and providing copies of this
information. If the request is denied the applicant will be notified within ten working days and provided reasons
why it cannot be released.

In some cases, Maryland Law requires the applicant to be a party of interest. This mandates us to ask who you
are and why you need the information. Please answer the below listed questions.

What is your interest in the case? (i.e., victim, witness, defendant, media, etc.)

__________________________________________________________________________

If you are an attorney, whom do you represent?

__________________________________________________________________________

If you are representing an insurance company, who are you acting on behalf of?

__________________________________________________________________________

I am requesting the below listed information:
Bite Report (Name(s), date, and time)

__________________________________________________________________________

Call(s) for Service (List location, date, and Time)

__________________________________________________________________________

Animal Control Officer Report (list activity number or address, date, and time)

__________________________________________________________________________

Budget/Financial Information
Copies of News and Press releases (Provide date and subject matter) 

Statistical Information 

Other (please describe in detail) 

Signed: ___________________________ Date: ___________________________

Name: _______________________________ Phone Number: _______________________

Address: ________________________________________________________________

Email: _________________________________________________________________

PIA forms may be submitted by email dkinna@carrollcountymd.gov, fax 410-875-9736, or mail.

Humane Society Use:

Name of employee receiving request ____________________________________________

Date Received __________________

Granted   Denied
If granted, date material was provided __________________________________________

Reason for denial __________________________________________________________

Fee (yes or no) __________________________

Time Required for Search __________________________