



Humane Society
of Carroll County

2517 Littlestown Pike
Westminster, Maryland 21158
410-848-4810 410-875-5379
Fax 410-875-9736 www.hscarroll.org

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 charges 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 _____