

# Maryland Department of Transportation Public Information Act (PIA) Request Form

\* Indicates Required Information

## Part I: Applicant Identification

DATE OF REQUEST*	REQUESTER FIRST NAME*	MI	LAST NAME*	
REQUESTER TYPE*				
<input type="checkbox"/> Citizen <input type="checkbox"/> Interest Group <input type="checkbox"/> Media <input type="checkbox"/> Student <input type="checkbox"/> Dealership <input type="checkbox"/> Attorney <input type="checkbox"/> Business/Company				
<input type="checkbox"/> Other _____				
NAME OF ORGANIZATION, IF APPLICABLE				
STREET ADDRESS*				
CITY*		STATE*	COUNTRY	ZIP CODE*
COUNTRY CODE	AREA CODE*	PHONE NO. *	EMAIL ADDRESS	

## Part II: Description of Records

TITLE OF RECORD
SUBJECT OF RECORD *
REMARKS

## Part III: Action Requested\*

<input type="checkbox"/> Review of Record <input type="checkbox"/> Copy of Record <input type="checkbox"/> Other _____
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I understand there may be fees associated with this request. I will receive a written cost estimate or my approval, along with remittance information, prior to the requested being fulfilled.\*

**SUBMIT**