

Town of Fairmount Heights
6100 Jost Street
Fairmount Heights, MD 20743

APPLICATION TO REQUEST INFORMATION

Name: _____ Date: _____ TIME: _____

Address: _____ City: _____ State: _____ Zip code: _____

TELEPHONE: _____ Home Work Cell

DESCRIPTION OF REQUEST

REASON FOR THE REQUEST

Signature of requestor: _____ Date: _____

Office Use Only

Request taken by: _____ Date: _____

Approved by: _____ Date: _____

Information will be available by: _____

Fee: _____