



## Public Information Act (PIA) Records Request Form

All requests for records maintained by the Comptroller of Maryland pursuant to the Maryland Public Information Act should be submitted via this website, mail, or email to:

### Jill Byczek, Public Information Act Representative

Comptroller of Maryland

P.O. Box 2983

Annapolis, MD 21404

(667) 401-1356

[PIA@marylandtaxes.gov](mailto:PIA@marylandtaxes.gov)

*For your convenience, we have included an **optional** form where you can provide general information that is typically required when submitting a request. The agency will still accept requests in the format of your choosing.*

### **Part I: Applicant Identification**

Please provide your information below. If you are making this request on behalf of another individual, please provide their information and the nature of your relationship.

Individual Name:

Date:

Business/Organization Name:

Taxpayer Identification, Social Security, or Central Registration Number:

Mailing Address:

City:

State:

Zip:

Phone Number:

Email Address:

***If requesting confidential tax payer information***, you will be required to prove authorization. If this is the case, you may provide Taxpayer Identification, Social Security, or Central Registration Number for the individual of interest below:

### **Part II: Description of Records**

Either in the space below or in a separate attachment, describe or identify the records that you want to inspect or copied in as much detail as possible:

Select at least one of the following action requests:

*In-Person Review of Record*

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*Copies of Record*

\_\_\_

*Electronic Delivery of Record*

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*Other*

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**Part III: Acknowledgements**

This is a request under the Maryland Public Information Act, Title 4 of the General Provisions of the Maryland Code. With this submission, I understand that:

If all or any part of this request is denied, I will be provided with a written statement of the grounds for the denial.

I understand there may be fees associated with this request. I will receive a written cost estimate for my approval, along with remittance information, prior to the request being fulfilled.

*Fees may be waived in certain cases of financial hardship. To apply for this waiver, please complete the Affidavit of Indigency using the link below and include it with your submission:*

*[http://www.marylandattorneygeneral.gov/OpenGov%20Documents/Appendix\\_D.pdf](http://www.marylandattorneygeneral.gov/OpenGov%20Documents/Appendix_D.pdf)*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_