



LIQUOR CONTROL BOARD FOR HARFORD COUNTY, MARYLAND

16 North Main Street, Bel Air, MD 21014
410-638-3028 / 410-879-6370 / 410-638-4970 (fax)
www.hclcb.org



REQUEST FOR PUBLIC INFORMATION

Date of Request: _____

Pursuant to the Public Information Act of Maryland:

I, _____ hereby request the information listed below from the Harford County Liquor Control Board.

I acknowledge that 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 up to 30 days to grant or deny same, with cause.

(1) Name of File/Licensee/Application: _____

(2) Information Requested: _____

In some cases, Maryland Law requires that the applicant be a *party in interest*. Therefore, the following information is requested to assist us in determining whether you are, in fact, a party in interest.

(3) Your Name: _____

(4) Your Address: _____
Street Address City State Zip

(5) Your Email Address: _____ Contact Phone: _____

(6) What is your interest in the record (i.e., licensee, witness, defendant, media, etc.)? _____

(7) If you are an attorney, whom do you represent? _____

(8) If you represent an insurance company, on whose behalf are you acting? _____

You can submit your request as follows:

- By mail or in person to/at: Harford County Liquor Control Board
16 North Main Street
Bel Air, MD 21014
- By fax to: 410-638-4970
- By email to: contact@hclcb.org

Once the Harford County Liquor Control Board has received your request, it will be reviewed, and you will be contacted within 30 days of the date received as to a determination.

If you have any questions about this procedure, please contact our office.

(9) Signature of Applicant: _____

For Office Use Only

Date Received: _____ Received by: _____

Request Granted: Yes No Reason Denied: _____

Material Released: _____

Date Released: _____ Released by: _____

Mailed Faxed Emailed Met in Person on _____

Date Met