



**LIQUOR CONTROL BOARD FOR HARFORD COUNTY, MARYLAND**

16 North Main Street, Bel Air, MD 21014

410-638-3028 / 410-638-4970 (fax)

[www.hclcb.org](http://www.hclcb.org)



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**REQUEST FOR PUBLIC INFORMATION**

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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](mailto: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*