

Baltimore City Department of Public Works

Submit a Maryland Public Information Act Request

Name*	Prefix	First Name*	M.I.	Last Name*
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Title

Street Address*

Street Address Cont.

City*

State*

Country*

Zip*

Email

Telephone

In the field below, please describe the records you are requesting. Please provide as much detail as possible (e.g., locations, person(s) involved, contract number, Service Request number, Work Order number, etc.) in order to help DPW identify and locate the records you are requesting.*