**Office of the Public Access Ombudsman**

**Request for Mediation Assistance with**

**Maryland Public Information Act Dispute**

The purpose of this form is to provide the Public Access Ombudsman with the information necessary to promptly process a request for mediation assistance with a Maryland Public Information Act (“PIA”) dispute between a PIA requester (or “applicants”) and a records custodian. Generally, the Ombudsman will not be able to open a file and begin mediation until all available information requested on this form is provided. See COMAR Title 14, Subtitle 37 for regulations governing the Ombudsman’s procedures.

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| **PIA Requester Information** |

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name |  |  |  |
|  | *First* | *Middle* | *Last* |
|  |
| Address |  |  |
|  | *Street Address* | *Apartment/Unit #* |
|  |
|  |  |  |  |
|  | *City* | *State* | *Zip* |
|  |  |  |  |
| Phone Number |  |
|  | *(###) ###-####* |
|  |  |  |  |
| Email |  |

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| --- |
| **Custodian Information** |

|  |  |
| --- | --- |
| Agency |  |
|  | *Name* |
|  |  |  |  |
| Agency Address |  |  |
|  | *Street Address* | *Suite/Office/Unit #* |
|  |
|  |  |  |  |
|  | *City* | *State* | *Zip* |
| Contact Name |  |  |  |
|  | *First* | *Middle* | *Last* |
|  |  |  |  |
| Phone Number |  |
|  | *(###) ###-####* |
|  |  |  |  |
| Email |  |

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| **PIA Request Information** |

|  |  |
| --- | --- |
| Date of PIA Request |  |
|  | *MM/DD/YYYY* |
|  |
| Date of Custodian Response |  |
|  | *MM/DD/YYYY* |
|  |
| Information Requested Under PIA |
|  |
|  |
|  |  |  |  |
| Nature of PIA Dispute |[ ]  Exemption Misapplication (Denial of Request) |
| *Please select all that apply* |[ ]  Redactions (Partial Denial of Request) |
|  |[ ]  No response from custodian |
|  |[ ]  Late response by custodian |
|  |[ ]  Partial, nonresponsive, or incomplete response |
|  |[ ]  Excessive estimated or charged fees |
|  |[ ]  Fee waiver request denied or ignored |
|  |[ ]  Custodian’s need for more time to respond |
|  |[ ]  Overly broad PIA request |
|  |[ ]  Request is frivolous, vexatious, or made in bad faith |
|  |[ ]  Other (please specify):  |
| **Additional Information** |

Please be sure to include the following with this form, if available:

* A copy of the original PIA request to the custodian.
* A copy of the custodian’s 10-day response to the PIA request.
* A copy of the custodian’s final response to the PIA request.

In the event that any or all of these items are unavailable for inclusion with this form, please attach a separate document(s) providing a narrative of the request and/or the custodian’s response(s), including dates, key details, and contact information. Failure to provide this information may result in a file not being opened by the Office.

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| **Submitting This Request** |

Please return this completed form and all attachments via email to:

**PIA.Ombuds@oag.state.md.us**

You may also submit this completed form and all attachments via mail to:

**Office of the Public Access Ombudsman**

**c/o Office of the Attorney General**

**200 St. Paul Place**

**Baltimore, Maryland 21202**

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| **To Be Completed Internally by the Office** |

|  |  |
| --- | --- |
| Date of Request Received |  |
|  | *MM/DD/YYYY* |
|  |
| Date of Intake Completion |  |
|  | *MM/DD/YYYY* |
|  |  |
| Date of 90-Day Deadline |  |
|  | *MM/DD/YYYY* |
|  |  |
| File Number |  |
|  | *###-##-##* |