**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**](mailto: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 |  |
|  | *###-##-##* |