Public Health
Prevent. Promote. Protect.
Somerset County Health Department

Somerset County Health Department

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Health Officer: Danielle Weber, MS, RN

FEE WAIVER REQUEST FORM

This form should be completed by applicant's requesting records in accordance with the Maryland Public Information Act (PIA). Fees can be waived with prior approval from the Health Officer and determination will be made based on the information provided below.

APPLICANT NAME: _____

Please Check One:

☐ I am a member of an advocacy group: _____
Advocacy Group Name

☐ I am a medicaid and WIC recipient.

☐ Please provide explanation for any other need or cause to request waiver of fees determined by your PIA Request:

_____

_____

_____

I attest that information provided above is true and accurate to the best of my knowledge and formally request that all fees associated with my Public Information Act request be waived.

Signed: _____ Date: _____
Applicant

Approved: _____ Date: _____
Health Officer