



Maryland State Commission on Criminal Sentencing

Information Request

Requestor

Name: _____

Title: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-Mail: _____

Information Requested

Date Received: _____ Received By: _____

Reason for Request: _____

Information Requested: _____

Information Provided

Date Completed: _____ Completed By: _____

Format: _____ Type: _____

Estimated Date: _____ Estimated Time: _____ Actual Time: _____

Sources: _____

Information Provided: _____

Costs

Personnel		Copying		Shipping		Supplies		Other	
_____	<i>Hour(s)</i>	_____	<i>Hour(s)</i>	_____	<i>Hour(s)</i>	_____	<i>Hour(s)</i>	_____	<i>Hour(s)</i>
_____	<i>/Hour</i>	_____	<i>/Copy</i>	_____	<i>/Item</i>	_____	<i>/Item</i>	_____	<i>/Item</i>
_____	<i>Total \$</i>	_____	<i>Total \$</i>	_____	<i>Total \$</i>	_____	<i>Total \$</i>	_____	<i>Total \$</i>

Grand Total \$ _____