



TOWN OF OXFORD

PO BOX 339
OXFORD, MD 21654
410-226-5122

APPLICATION DATE: _____

PUBLIC INFORMATION ACT REQUEST FORM

Applicant's Name: _____ Email: _____

Telephone Number: _____ Cell: _____

Applicant's Address: _____

Property Address of Request: _____

Detailed Description of Request *(include any requested permits, documents, or plans):* _____

_____ Applicant's Signature

_____ Date