Located atCourt Address	Telephone
Court Address	_
STATE OF MARYLAND	Case No.
OR	
Plaintiff VS	Defendant
PETITION TO PERMIT INSPE (Md. Rule 16-9	ECTION OF A CASE RECORD 34(b)(1)(B))
I petition to permit inspection of the information specific support of this petition I offer the following:	ried below contained in the above captioned case.
1. In this action I am \square a party to this action. \square a per the case.	rson who is a subject of, or is specifically identified, i
2. On the following information	on was withheld from public inspection:
3. The reason(s) for permitting inspection of the information of the i	nation is/are:
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3. The reason(s) for permitting inspection of the information of the i	nation is/are: Signature
Date Telephone Number Fax	Signature Printed Name Address
Date Telephone Number Fax E-mail I certify that I served a copy of this petition upon all parts	Signature Printed Name Address City, State, Zip ies to the action and each identifiable person who is a
Date Telephone Number Fax E-mail I certify that I served a copy of this petition upon all partabject of the case record by mailing first-class mail, po	Signature Printed Name Address City, State, Zip ies to the action and each identifiable person who is a
Date Telephone Number Fax E-mail CERTIFICATE I certify that I served a copy of this petition upon all parts	Signature Printed Name Address City, State, Zip ies to the action and each identifiable person who is a
Date Telephone Number Fax E-mail I certify that I served a copy of this petition upon all partabject of the case record by mailing first-class mail, po	Signature Printed Name Address City, State, Zip ies to the action and each identifiable person who is a
Date Telephone Number Fax E-mail I certify that I served a copy of this petition upon all partiabject of the case record by mailing first-class mail, potential. Date	Signature Printed Name Address City, State, Zip ies to the action and each identifiable person who is a ostage prepaid hand delivery, on
Date Telephone Number Fax E-mail I certify that I served a copy of this petition upon all partubject of the case record by mailing first-class mail, po to: Date	Signature Printed Name Address City, State, Zip ies to the action and each identifiable person who is a ostage prepaid hand delivery, on Address
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CC-DC-054 (Rev. 07/2024) MOTIR

without a hearing.