

### Expedited Request by Fax Cover Sheet

NOTE: All faxed filings and requests are expedited and an expedited filing surcharge beyond the processing fee applies to each request. See Fee Schedule at <http://www.dat.state.md.us/sdatweb/fees.html> for the appropriate fees or e-mail the division at [charterhelp@dat.state.md.us](mailto:charterhelp@dat.state.md.us) or telephone for new filings only 410-767-1340, for all other calls 410-767-1350.

Fax all request to: **(410) 333-7097**

Please type or print legibly, you may also fill this form out on your pc.

Name of entity: \_\_\_\_\_

Fax number: \_\_\_\_\_

Phone number: \_\_\_\_\_ Number of pages transmitted: \_\_\_\_\_

Contact person: \_\_\_\_\_

Name and address for return mail: \_\_\_\_\_

**SERVICE REQUESTED** Check all that apply

<b>NEW ENTITY FILING</b>	<b>File document</b>	<b>Return original document</b> <small>Note a \$5.00 fee applies to this service</small>
<b>Certified copies of document being filed</b>	_____	<b>Number of certified copies</b>
<b>Short form Certificate of Status</b>	_____	<b>Number of certificates</b>

**RECORD REQUEST** Department ID number \_\_\_\_\_

Entity name \_\_\_\_\_

**Certificate of Status for existing entity** \_\_\_\_\_ **Number of certificates**

**Copies of documents previously recorded**

Attach separate sheet and specify: the name and title of each document; the date of recording, if known; liber and folio, if known; the number of copies wanted of each document.

**CREDIT CARD INFORMATION**

**MASTERCARD**

**VISA** (At this time we only accept Mastercard and Visa)

Cardholder's name \_\_\_\_\_

Credit card number \_\_\_\_\_

Expiration date \_\_\_\_\_

Signature of Cardholder \_\_\_\_\_

**This transaction will not be accepted without a signature.**

=====FOR DEPARTMENTAL USE ONLY=====

AUTH NO. \_\_\_\_\_ CLERK: \_\_\_\_\_ FEE: \_\_\_\_\_