REQUEST FOR PUBLIC RECORDS

PURSUANT TO THE DELAWARE FREEDOM OF INFORMATION ACT

29 *Del. C.* ch. 100

TO (name of public body) _____

YOUR NAME _____ DATE OF REQUEST _____

MAILING ADDRESS _____

_____

_____

TELEPHONE (optional) _____ EMAIL (optional) _____

RECORDS REQUESTED: (**Be as specific as you can**, describing types of records, dates, parties to correspondence, subject matter, etc. The public body will make every reasonable effort to assist you in identifying the record being sought. **Requests for voluminous records may be delayed.**)

There may be costs involved in responding to your request. The public body can require you to examine the records at the office of the public body. Refer to the public body's policy or regulations for information about costs and access to records.

PLEASE CONTACT ME IF COSTS WILL BE GREATER THAN _____.

Within 15 business days from receipt of your request the public body must either provide you with access to the records, deny your request, or state that additional time is needed.