



TOWN OF SELBYVILLE
 1 W Church Street, Selbyville, DE 19975
 TEL (302) 436-8314
 selbyville.delaware.gov

Freedom of Information Act (FOIA) Request Form

Pursuant to the Delaware Freedom of Information Act, 29 Delaware Code, Chapter 100

Name of Requestor: _____ Date of Request: _____

Organization Represented (if any): _____

Mailing Address: _____

Email Address: _____ Telephone No.: _____

Records Requested: *Be as specific as you can, describing types of records, dates, parties to correspondence, subject matter, etc. The Town of Selbyville will make every reasonable effort to assist you in identifying the records being requested. (Note: Requests for voluminous records may be delayed.) There may be costs involved in responding to your request. You may be required to examine the records at the Town of Selbyville office. Refer to the Town of Selbyville's Freedom of Information Act (FOIA) Policy for information relating to costs and access to records. Within 15 days from the receipt of your request, the town must provide you with access to the records, deny your request, or state that additional time is needed.*

Please contact me if costs will be greater than: _____

PLEASE NOTE: ADDITIONAL ADMINISTRATIVE FEES MAY APPLY

SIGNATURE: _____ **Date:** _____

FOR ADMINISTRATIVE USE ONLY

Date Received: _____ Deadline to respond: _____

APPROVED - Date Records Released: _____

DENIED - Reason for denial _____

FOIA Coordinator: _____

Signature