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

03/12/2020