REQUEST FOR PUBLIC RECORDS FORM

Instructions

Please complete the form below to request any Public Record of the City of Delaware City. It is our goal to meet any reasonable request for Public Records in a timely manner. To help us in meeting this goal we request that you provide as much detail and be as specific as possible in describing what records you are requesting and dates the documents may have originated. All requests shall be reviewed by the City Manager to determine the appropriateness of the request. In some cases your request may be forwarded to our City Solicitor for review and response. Please keep in mind we have a small staff and depending on the type, location and number of documents requested, it may take time to comply with your request.

It is our policy that all records shall be reviewed on premises at Town Hall. We will notify you when the records are available. Copies of documents will be provided at a charge to you. We also reserve the right to charge reasonable fees for administrative time in researching and locating requested documents. We will give you our best estimate as to the amount of this charge. You may request that recordings of our Mayor and Council meetings and Boards and Commissions be downloaded on a Flash Drive. There will be a flat fee per meeting as established in our fee schedule. You must provide the Flash Drive.

Name:	Phone:
Address:	
Company/Organization:	
Email Address:	
Description of Document(s) Requested: (Please	be as specific as possible):
(Attack on Additional Deca(a) as Naccourt	
(Attach an Additional Page(s) as Necessary)	
Signature:	Date:

FEE SCHEDULE

Coping Per Page	\$ 0.25
Flash Drive Loading Per Meeting:	\$ 5.00
Administrative Hourly Rate:	\$25.00

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Request Received By: Date/Time Received: City Manager Review Date: Description of Documents Released:	 ONLY	OR CITY USE ON	F				
	 Date/Time Received:		quest Received By:				
Description of Documents Released:	 to City Solicitor Date:	Forwarded t	Review Date:	City Manager			
	 Description of Documents Released:						
Fees Charged:	 			Fees Charged:			
Copies: Number of Pages:@ \$Per Page = \$	 Per Page = \$	@\$		-			
Flash Drives: Number of Meetings: @ \$ Per Meeting = \$			Number of Meetings:	Flash Drives:			
s Staff Time: Number of Hours: @ \$ Per Hour = \$	 Per Hour = \$	@\$					
Total All Charges Billed: \$ Total Paid: \$	 Total Paid: \$		Total All Charges Billed: \$				

The signature affixed below acknowledges my receipt of the documents described above and my acceptance of said fees.

Signature

Date

NOTICE: Under Delaware's Freedom of Information Act, 29 Del. C. §§ 10001-10006 ("FOIA"), a FOIA request or petition, along with any information contained therein or any documents attached thereto, submitted to any "public body" subject to FOIA, including, without limitation, any board, bureau, commission, department, agency or committee of the State, may itself be deemed a "public record" subject to disclosure under FOIA.