



REQUEST FOR PUBLIC RECORDS
PURSUANT TO THE DELAWARE FREEDOM OF INFORMATION ACT
29 Del. C ch. 100

To: Delaware Manufactured Home Relocation Authority

Date

From: (Your Name)

Address

City

State

ZIP

Phone

E-mail

Be as specific as you can, describing types of records, dates, parties to correspond, subject matter, etc.
The Authority will make every reasonable effort to assist you in identifying the record being sought.
Requests for voluminous records may be delayed.

**RECORDS
REQUESTED:**

Payment

- a) Copies are \$0.25 per page plus a minimum administrative fee of \$25.00.
- b) The Authority requires pre-payment of copy and administrative charges prior to making copies of requested records.*
- c) A good faith deposit must be provided in advance for those requests for which copy charges are estimated to be over \$25.00.
- d) Applicable fees must be received before copies are available for delivery.

PLEASE CONTACT ME IF COSTS WILL BE GREATER THAN _____

Generally, within 15 business days from receipt of your request, the Authority will either provide you with an estimate of your cost to access the records, deny your request, or state that additional time is needed.

Signature Line