



# REQUEST FOR PUBLIC RECORDS

Print Form

**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 Number	Email	
<p><b>RECORDS REQUESTED: Be as specific as you can,</b> describing types of records, dates, parties to correspondence, subject matter, etc. The Authority will make every reasonable effort to assist you in identifying the record being sought. <b>Requests for voluminous records may be delayed.</b></p>		

Payment	<p>a) Copies are \$.10 per page (after the first 20 pages) plus a minimum administrative fee of \$25.00</p> <p>b) The Authority requires pre-payment of copying and administrative charges prior to making copies of requested records.*</p> <p>c) A good faith deposit of \$25.00 must be provided in advance of the request to cover the administrative fee.</p> <p>d) Applicable fees must be received before copies are available for delivery.</p> <p><b>PLEASE CONTACT ME IF COSTS WILL BE GREATER THAN _____</b></p>
---------	---

\*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
----------------

Revised  
8/14/19