



## REQUEST FOR PUBLIC RECORDS

*Pursuant to the Delaware Freedom of Information Act 29 Del. C. Ch. 100*

Request Date: \_\_\_\_\_ To: \_\_\_\_\_ City of Lewes/ City Manager's Office

Requester's Name: \_\_\_\_\_

**Mailing Address:**

Address 1: \_\_\_\_\_

Address 1: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Contact Information:**

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

### **RECORDS REQUESTED**

Please be as specific as possible describing types of records, dates, parties to correspondence, subject matter, etc. We will make every reasonable effort to assist you in identifying the records being sought. **NOTE:** Requests for voluminous records may be delayed. Original records must be examined at City Hall.

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There may be costs associated with your request. Please refer to the City of Lewes policy for information about costs and access to records.

**Please contact me if the costs will be greater than: \$ \_\_\_\_\_**

\*\*\*Within 15 business days from receipt of your request, we will either provide you with access to the records, deny your request or require additional time to process\*\*\*