

# FREEDOM OF INFORMATION ACT (FOIA) REQUEST FORM

Town of Delmar  
100 S. Pennsylvania Avenue  
Delmar, DE/MD  
(302) 846-2664 / (410) 896-2777  
Email: [Delmartownhall@verizon.net](mailto:Delmartownhall@verizon.net)

## Requested Information:

_____ Delmar, DE - State of Delaware Code: Title 29, Chapter 100
_____ Delmar, MD – State of Maryland Public Information Act, Title 4
_____ Information requested for Both Delmar, Delaware and Delmar, MD

## Public Records Access Regulations:

<ol style="list-style-type: none"><li>1. If the requested documents are available, the Town of Delmar personnel will make every effort to produce them as soon as possible within 30 days. If we anticipate that your request may be denied for any reason, you will be notified within ten days of receipt of your request.</li><li>2. Inspection of public records may take place during the regular business hours of 8:30 a.m. – 4:00 p.m., M-F by appointment only. At no time will original public records be removed from the Town Hall.</li><li>3. The Town reserves the right refuse access to any records which do not constitute “public records”.</li></ol>
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## Your Name:

<b>First:</b>	<b>Last:</b>
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## Name of Requesting Company/Organization (if applicable)

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## Your Full Mailing Address:

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## Email Address / Primary Number

<b>Email:</b>	<b>Phone Number:</b>
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## Requested Documents (Attach Additional Sheet if Necessary)

1)
2)
3)
4)
5)

**Fee Structure**

1. If your request requires more than one (1) hour for Town personnel to research and compile, you shall be charged for the employee's Hourly rate, after the first hour. You will be notified of the estimated cost and, if the scope of work is extensive, a good faith deposit may be required.
2. Copies: \$.25 per page (minimum charge \$1.00)
3. Copying of Town records that cannot be copied with Town's equipment and that require outside skilled services or to reproduce will be assess the total cost for skilled services plus a \$10.00 Administration Fee

**Application Request:**

Please advise if all cost associated with the for Requested Documents (copies, employee's time and/or outside skilled services) will exceed \$\_\_\_\_\_.

Signature: \_\_\_\_\_ / Date Request: \_\_\_\_/\_\_\_\_/\_\_\_\_

**FOR OFFICIAL USE ONLY :**

**Date Request Received :**

Date Access Granted: \_\_\_\_/\_\_\_\_/\_\_\_\_ Request Granted By: \_\_\_\_\_

Administrative Fee/Copying Charge: \$\_\_\_\_\_ / Outside Skilled Services Charge: \$\_\_\_\_\_

Detail: Admin. Fee:\$\_\_\_\_\_/ Copies: \_\_\_\_\_pages @ \$.25 per page. / Outside Skilled Services: \_\_\_\_\_Copies

Requested Documents was Released to Requester – Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Item(s) Number Was Denied Due To: \_\_\_\_\_

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Signature: \_\_\_\_\_