



REQUEST FOR PUBLIC RECORDS

PURSUANT TO THE DELAWARE FREEDOM OF INFORMATION ACT
29 Del. C. ch.100

TO (name of public body): Dr. Mark Holodick; Superintendent

YOUR NAME

DATE OF REQUEST

MAILING ADDRESS

TELEPHONE (optional)

EMAIL (optional)

RECORDS REQUESTED: (Be as specific as you can, describing types of records, dates, parties to correspondence, subject matter, etc. The public body will make every reasonable effort to assist you in identifying the record being sought. **Requests for voluminous records may be delayed.**)

There may be costs involved in responding to your request. The public body can require you to examine the records at the office of the public body. Refer to the public body's policy or regulations for information about costs and access to records.

PLEASE CONTACT ME IF COSTS WILL BE GREATER THAN

Within 15 business days from receipt of your request the public body must either provide you with access to the records, deny your request, or state that additional time is needed