



REQUEST FOR PUBLIC RECORDS

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

TO: Colonial School District

YOUR NAME: _____ DATE OF REQUEST: _____

MAILING ADDRESS: _____

TELEPHONE: _____ EMAIL: _____

FAX: _____

RECORDS REQUESTED: Please provide as much information as possible such as types of records, individuals to contact in connection with this request, subject matter, etc. The Colonial School District will make every reasonable effort to assist you in identifying the records sought.

There may be fees and required onsite viewing access associated with your request. Please refer to Colonial School District’s FOIA Policy.

Please contact me if costs will be greater than \$ _____.

****Within 15 business days from receipt of your request, Colonial School District will either provide you with access to the records, deny your request, or state that additional time is needed.****

Submit completed FOIA Request Form to:

Lauren Wilson, FOIA Coordinator
Communications and Media Relations Officer
Colonial School District
318 E. Basin Roadm New Castle, DE 19720
Fax: (302)323-2748

NOTICE: Under Delaware’s Freedom of Information Act, 29 *Del. C.* §§ 10001-10006 (“FOIA”), a FOIA request or petition, along with any information contained therein or any documents attached thereto, submitted to any “public body” subject to FOIA, including, without limitation, any board, bureau, commission, department, agency or committee of the State, may itself be deemed a “public record” subject to disclosure under FOIA.

Official Use Only

Date Received: _____ Initial Response Date: _____ Amount Due: _____ Date(s) Paid: _____
Comments: _____ Check #(s): _____
FOIA Request No.: _____ - _____ Completion Date: _____ Superintendent/Designee: _____