

REQUEST FOR PUBLIC RECORDS

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

TO: Delaware Academy of Public Safety and Security

Please print clearly.

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. Delaware Academy of Public Safety and Security 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. A public body such as Delaware Academy of Public Safety and Security, can require you to examine the records at the office of DAPSS. Refer to DAPSS's policy and procedures 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 DAPSS must either provide you with access to the records, deny your request, or state that additional time is needed.