



Freedom of Information Act Request Form

Pursuant to the Delaware Freedom of Information Act, 29 Delaware Code Chapter 100, all requests for public information shall be made in writing by submitting a Town of Clayton Freedom of Information Act Request Form. Please allow ten (10) business days for request to be processed.

Date: _____

Name: _____

Address: _____

Phone Number *(including area code)*: _____

Fax Number *(including area code)*: _____

Organization: _____

Title: _____

Information Requested:

1. _____

2. _____

3. _____

4. _____

5. _____

By signing below, I agree that the Town of Clayton has provided me with the sufficient opportunity to review the Town of Clayton Freedom of Information Act Policy. I affirm that I have read and I understand the Town of Clayton Freedom of Information Act Policy. I understand that payment is due at the time documents are delivered.

Signature of Requestor

Date

(Office Use Only)

Date Received: _____

Date Delivered: _____

Amount Due: _____

Payment Method: _____

Payment Date: _____

No. of Copies: _____

Service(s) Requested: _____

