

**STATE OF DELAWARE
DELAWARE STATE TREASURY
FREEDOM OF INFORMATION ACT
DOCUMENT REQUEST FORM**

Date: _____

I hereby request copies of the following public record or document. (Explain in detail and include time frame for information requested.) I agree to pay \$1.00 per copy charge for photocopies, research and preparation charges. I understand that Delaware State Treasury reserves the right to assess other fees for programming and report generation where required. I understand the Delaware State Treasury will contact me with an approximate estimate of fees. (DE CODE 29, § 10003 (a)(b))

Description of information being requested (if additional space is needed, please attach a separate sheet):

Reason for Request:

Print Requestor's Name

Requestor's Signature

Company / Business

Amount Due: \$ _____

Address

Cost Breakdown:

Address

Email

Telephone Number

Date Paid: _____

(Make checks payable to:

State of Delaware, Delaware State Treasury)

Fax Number

DO NOT WRITE BELOW THIS LINE

I hereby certify, as Custodian of Record for the Delaware State Treasury that the documents enclosed are correct copies of information from official State of Delaware records, authorized by law and maintained by this office. This document is to be kept on file indicating access to public records.

Approval of Record Custodian

Delaware State Treasury

