



NEW CASTLE COUNTY'S FREEDOM OF INFORMATION ACT PUBLIC DOCUMENT REQUEST FORM

Please identify from which County Office(s) or Department(s) you are seeking documents. If you need assistance as to what Department may possess the requested information, please call the County's general line at (302) 395-5555. Address all FOIA Requests to the identified FOIA Coordinator(s), or their designee in their absence, and indicate on the correspondence: "Attention FOIA Request".

- Department of Land Use** (includes Planning, Licensing, Engineering, and Code Enforcement)
Mark Veasey via Customer Service: FOIA@nccde.org; phone (302) 395-5400; fax (302) 395-5587
- Office of Administrative Services** (includes Information Systems and Records Management)
Toni Frieson-Jones: lfrieson@nccde.org; phone (302) 395-5255; fax (302) 395- 5252
- Office of Finance** (includes Assessment)
Joe Szczechowski: jszczechowski@nccde.org; phone (302) 395-5163; fax (302) 395-5155
- Department of Administration*** (includes Exec. Office, Law, Risk Mgmt., and Human Resources)
Karen Sullivan: kvsullivan@nccde.org; phone (302) 395-5132; fax (302) 395-5150

The above-referenced County Office(s) or Department(s) are located at the following address:
New Castle County Government Center
87 Reads Way
New Castle, DE 19720

- Department of Special Services**
Linda Levy: llevy@nccde.org; phone (302) 395-5804; fax (302) 395-5870
New Castle County Conner Building
187-A Old Churchmans Road
New Castle, DE 19720
- Department of Community Services**
Carrie Casey: ccasey@nccde.org; phone (302) 395-5616; fax (302) 395-5592
New Castle County Gilliam Building
77 Reads Way
New Castle, DE 19720
- Department of Public Safety***
Bill Streets: wfstreets@nccde.org; phone (302) 395-8213; fax (302) 571-7350
NCC Police Headquarters
3601 N. DuPont Highway (Route 13)
New Castle, DE 19720

*Under specified circumstances, FOIA affords the County a variety of discretionary exemptions which serve as a basis for withholding records from disclosure. These exemptions generally include personnel records, investigatory files compiled for civil or criminal law-enforcement purposes, labor negotiation records, drafts, documents protected by the attorney-client privilege and material made confidential by other state or federal statutes. Exempted documents produced at the County's discretion will be subject to a separate production policy and schedule of fees.

FOR OFFICE USE ONLY: FOIA REQUEST NUMBER

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1. CONTACT INFORMATION where a response may be sent

Name of requestor (please print):

Business Name (if applicable):

Address:

City, State, Zip

Phone: (h) _____ (w) _____ (cell) _____

Fax: _____ E-mail: _____

Please specify preferred method of communication:

2. Please state with specificity the PUBLIC DOCUMENTS you are seeking pursuant to this request with as much identifying information as possible:

3. If this request is in regard to PROPERTY RECORDS, providing the following will expedite your request:

Tax parcel, permit, record plan number(s):

Property address(es):

City, State, Zip:

Please check if applicable:

- Permit Information
- Subdivision Information
- Planning File Information
- Engineering File Information
- Liquor License Application
- Septic Information

4. Specify form in which FOIA request was submitted:

- In person
- Postal Mail
- Facsimile
- E-mail

I have read and understand New Castle County's Policy regarding requests for public documents under the Freedom of Information Act and attest that the above information is true and correct. fHnd]b['nci f'bUa Y]b'h YVcl ']'g'Ub'YWMfcb]Wg][bUhi fYh Uh\ Ug'U`Y[U` gHhi g'Yei]j UYbhlc 'Ukf]hMb'g][bUhi fYcb'dUdYFL

Applicant Signature

Date:

FOR OFFICE USE ONLY

DEPARTMENT CONTACT FULFILLING REQUEST:

DATE REQUEST RECEIVED:

RESPONSE DEADLINE:

DATE OF RESPONSE (AND REASONS FOR ANY EXTENSION):

NAMES, CONTACT INFO, AND DATES OF EMPLOYEES CONTACTED IN CONNECTION WITH REQUEST:

NAMES, CONTACT INFO, OF THOSE CONDUCTING REVIEWS AND DATES OF REVIEW:

TO WHAT EXTENT WAS REQUEST FULFILLED?

BREAKDOWN OF CHARGES (COPYING, OTHER SERVICES, AND/OR ADMINISTRATIVE FEES ASSESSED):

TOTAL: \$_____

PAID BY: CASH CHECK MONEY ORDER CREDIT CARD