

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 Permitting/Licensing, Planning, Engineering, GIS, and Code Enforcement) Janine Knieriem: FOIA@newcastlede.gov; phone (302) 395-5470

Office of Administrative Services (includes Information Systems and Records Management)
Toni Frieson-Jones: latonya.frieson-jones@newcastlede.gov; phone (302) 395-5255; fax (302) 395-5252

Office of Finance

Joe Szczechowski: joseph.szczechowski@newcastlede.gov; phone (302) 395-5163; fax (302) 395-5155

Office of Assessment

LaShawn Draper: lashawn.draper@newcastlede.gov; phone (302) 395-5486; fax (302) 395-5544

Department of Administration* (includes Executive Office, Law, Risk Mgmt., and Human Resources) Karen Sullivan: karen.sullivan@newcastlede.gov; 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 Public Works

Linda Levy: linda.levy@newcastlede.gov; 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: carrie.casey@newcastlede.gov; 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: william.streets@newcastlede.gov; 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

1.	ONTACT 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 Please with as much identifying		ITS you are seeking pursuant to this essible:	
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 File Information Planning File Information Engineering File Information Liquor License Application			

4. Specify form in which FOIA request was submitted:

In person
Postal Mail
Facsimile
E-mail

have read and understand New Castle County's Polycuments under the Freedom of Information Act and

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 (typing your name in the box is an electronic signature that has a legal status equivalent to a written signature on paper).

Level L.V. Sypto

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: \square CASH \square CHECK \square MONEY ORDER \square CREDIT CARD			