

**Public Record Access Form
Town of Dagsboro**

Date: _____ **Delaware Citizen:** yes no

Name of person making request: _____

Business/Entity (if requesting person is representative)

Address: _____

Telephone No: _____

Records

requested: _____

[OFFICE USE ONLY]

DATE RECORDS REVIEWED: _____

COPIES OBTAINED: YES NO

FEE: _____

COMMENTS: _____
