

Virginia Freedom of Information Act
Information Request Form
(§2.2 – 3700 et seq. Code of Virginia)

DATE OF REQUEST: _____

RECEIVED BY: _____

AGENCY/DEPARTMENT/SECTION: _____

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____

DESCRIPTION OF REQUESTED RECORDS: (SPECIFY BELOW)
Including: Date/Name/Address/Tax Map #, etc.

SIGNATURE: _____

BELOW FOR OFFICE USE ONLY -----

DATE INFORMATION DUE (MAXIMUM OF 5 DAYS): _____

ARE RECORDS EXCLUDED BY THE ACT?: YES NO

IF EXCLUDED, WHY? (SPECIFIC REASONS):

EXTRA TIME REQUIRED: YES NO

ESTIMATED CHARGES: \$ _____ (TOTAL)

COPYING AND RESEARCH TIME:

_____ NUMBER OF SHEETS @ _____ EACH \$ _____

_____ SEARCH TIME @ _____ PER HOUR \$ _____