## Chesterfield Health District Chesterfield – Powhatan – Colonial Heights Environmental Health Freedom of Information Act Request Form

Date of Request:					
Name of Requester:					
Phone Number:		Fax#/email:			
Requester Address:					
Requested Documents: _					
Property Address:					
A processing fee will be charged for each re  1. Staff research time is computed at \$18.0  ≤ 10 minutes = \$3.00  11 - 20 minutes = \$6.00  21 - 30 minutes = \$9.00		00 per hour. a. If les		pies: ess than 14 sheets of paper no charge. or more sheets of paper, \$0.07 per sheet.	
A request form may be subr	nitted in persoi	n, mailed or faxed to the appropr	iate Enviro	onmental Health Department.	
Chesterfield Health Department 9501 Lucy Corr Circle, P.O. Box 100 Chesterfield, VA 23832-6687 FAX # 804-717-6106 Chesterfield_EH@vdh.virginia.gov		Powhatan Health Department 3908 Old Buckingham Road, Sui Powhatan, VA 23139 FAX # 804-598-5688 Powhatan_EH@vdh.virginia.gov		Colonial Heights Health Department 200 Highland Avenue, P.O. Box 3401 Colonial Heights, VA 23834 FAX # 804-520-9222 Chesterfield_EH@vdh.virginia.gov	
		FOIA RESPONSE	<u> </u>		
Date Response Made:		How Response Made	email:	- in person - fax - mail	
Time to Process:	(minutes)	Charges:	Processe	ed By:	
The requested re	cords are bei	losed in their entirety  ng entirely withheld because to be withheld	their rele	ease is prohibited by law, or because there	
Table     Table	rohibited by l		_	nheld in part because the release of part a exemption allowing a portion of the	
The requested re	cords do not	exist			
The requested re	The requested records cannot be found				
- I	It is not practically possible to respond to the request within five work days. Therefore, pursuant to §2.2-3704(B)(4) of the Code of Virginia, VDH is invoking the seven work day extension.				