

**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 request of over \$50.00.
Staff research time is computed at \$25.00 per hour.**

A request form may be submitted in person, mailed or faxed to the appropriate Environmental Health Department.

Chesterfield – Colonial Heights 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, Suite 1
Powhatan, VA 23139
FAX # 804-598-5688
Powhatan_EH@vdh.virginia.gov

FOIA RESPONSE

Date Response Made: _____ **How Response Made:** *email - in person - fax - mail*

Time to Process: _____ (minutes) **Charges:** _____ **Processed By:** _____

Receipt Number: _____

- ☐ The requested records are enclosed in their entirety
- ☐ The requested records are being entirely withheld because their release is prohibited by law, or because there is a specific FOIA exemption allowing them to be withheld
- ☐ The requested records are being provided in part and are being withheld in part because the release of part of the record is prohibited by law; or because there is a specific FOIA exemption allowing a portion of the records to be withheld
- ☐ The requested records do not exist
- ☐ The requested records cannot be found
- ☐ It is not practically possible to respond to the request within five working days. Therefore, pursuant to §2.2-3704(B)(4) of the Code of Virginia, VDH is invoking the seven-workday extension.