



Received

Date _____

Time _____

Freedom of Information Act Request Form in accordance with the Code of Virginia, Title 2.2, Chapter 37. Virginia Freedom of Information Act (FOIA)

Name and address of person or organization requesting information under the FOIA:

Name: _____

Address: _____

Description of information being requested:

All FOIA requests must be in writing. Charges: Ten or fewer pages (copies) will be \$0.25 each. Over ten pages (copies) will be charged at a rate of \$25.00 per hour which will include the pages (copies).

§2.2-3704. Requires the Town to respond either by fulfilling the request in full within 5 working days, or by providing a written response as to why the request could not be fulfilled. If additional time, (up to 7 working days) is required to fulfill the request, written notice will be sent within 5 days.

How would you like to be notified when material is ready?

Phone: _____ **Fax:** _____ **E-mail:** _____ ?

Signature

Date

Print Name