

VIRGINIA FREEDOM OF INFORMATION ACT REQUEST
City of Richmond Office of the Commonwealth's Attorney

Note: Use of this form is optional. However, using this form can help ensure we have the appropriate information to handle your request.

Part 1: Requestor Information

Name:

Legal Address:

Phone:

Email:

I am a "citizen of the Commonwealth of Virginia" **or** I am a representative of a media entity entitled to access pursuant to Code §2.2-3704. That entity is

I am requesting personnel information concerning myself and, pursuant to Code §2.2-3705.1(1), waive VFOIA's exclusion of this information for disclosure.

Part 2: Description of Records Requested (continue on second page if necessary)

Part 3: Receiving Response to VFOIA Request

I prefer to access the response to my VFOIA request by:

inspecting the records subject to response in person during our business hours **OR**
receiving a copy by:

electronic file transfer (email address required) **OR**

picking up a paper copy **or** an electronic copy on an electronic medium at 400 N. 9th Street, Suite 100, Richmond, VA 23219 during business hours (M-F, 8:30 A.M. - 4:30 P.M).

**Copies of large media files will be provided on electronic storage media.*

You will be billed for the actual costs associated with producing this record. If the estimated cost is more than \$200, you will be required to make a deposit up to the full amount of the estimate before we process your request. If the estimate is less than \$200, you will be billed after we process your request.

Please contact me with an estimate of production costs before producing records.

I AFFIRM THE ABOVE TO BE CORRECT AND HEREBY SUBMIT THIS REQUEST:

Signature

Date

Part 2: Description of Records Requested *(continued from first page)*