



# FOIA REQUEST

(Freedom of Information Act)

Date of Request: \_\_\_\_\_

Person/Entity Making Request: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone/Fax: \_\_\_\_\_ Alt Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Information Requested: (Please be very specific in what you are requesting, i.e. date range, etc.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does the requesting party have rights under FOIA?  
(Any Virginia citizen and any non-resident representative of a newspaper, radio station, or television station that is circulated in or broadcasts in Virginia can request information. Incarcerated persons are not entitled to assert rights under the act.) \_\_\_\_\_ Yes \_\_\_\_\_ No

Is the requested information exempt under the act? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If so, date of notification to requestor \_\_\_\_\_

Is an extension beyond 5 working days needed? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If so, date of notification to requestor \_\_\_\_\_

## TOWN RESPONSE

Name of Employee Receiving the Request \_\_\_\_\_

Date Received \_\_\_\_\_

In Person  Mail  Website  Phone  Other \_\_\_\_\_

Approved/Disapproved by \_\_\_\_\_  
Town Manager or Town Clerk/Treasurer

If disapproved, explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_