



FIRE RESCUE

ALBEMARLE COUNTY

460 Stagecoach Road, Suite F Charlottesville, VA 22902-6489
Voice: 434-296-5833 FAX: 434-972-4123

www.ACFireRescue.org

FREEDOM OF INFORMATION ACT REQUEST

To: _____

County of Albemarle
Department of Fire Rescue
460 Stagecoach Road, Suite F
Charlottesville, Virginia 22902-6489

From: _____
Name

Company/Business/Firm/Organization Name

Mailing Address

City/State/ZIP Code

Telephone Number

FAX Number

Pursuant to the *Freedom of Information Act*, I _____
Name

of _____
Company/Business/Firm/Organization Name

respectfully request your department allow me to view **in person** all documents, letters, records, and papers in your files pertaining to _____
Matter/Issue/Business/Incident

located at _____
Address of Matter/Issue/Business/Incident

in Albemarle County, Virginia on _____. I further request that I
Date

be allowed, if I wish, to make copies of any information I should find of interest. I understand that your department personnel have, by law, five (5) working days to comply with this request.

Signature

Date

Time

Print Name

OFFICE USE	
Associated Fees*: \$ _____	<small>*no fees for property owners</small>
Check # _____	Cash \$ _____
Receipt # _____	

" We will provide the highest quality services to protect and preserve the lives, property, and environment of our community."