

# County of Albemarle



401 McIntire Road  
Charlottesville, VA 22902-4596

## FREEDOM OF INFORMATION ACT REQUEST FORM

(Please type or print.)

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

### Requester Information:

Name: \_\_\_\_\_

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

Daytime Phone Number: \_\_\_\_\_

Email (Optional): \_\_\_\_\_

Describe with reasonable specificity the public records you are requesting:

### How would you like to receive the records?

- Review records at the County office
- Pick up records from the County office
- Mail (not available for large requests)
- Fax to the following fax number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
- Electronic format and delivery (may not be available for all requests)

Reasonable costs for photocopying, searching, and supplying the records will be charged per County Administrative Policy AP-12.

Check here to request an advanced estimate of cost \*

\*Staff time to create an estimate will not be charged, but an estimate may delay the production of your records.

By submitting this request, I acknowledge that Virginia law allows the County of Albemarle five (5) business days to respond to a FOIA request unless the County requires additional time to provide a response.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### For County Staff Use Only

Photocopy Charge \_\_\_\_\_ pages X \_\_\_\_\_ = \_\_\_\_\_

Billable Staff Hours \_\_\_\_\_ hour X \_\_\_\_\_ = \_\_\_\_\_

Print Charge \_\_\_\_\_ pages X \_\_\_\_\_ = \_\_\_\_\_

Media Charge (CD, DVD, etc.) \_\_\_\_\_ = \_\_\_\_\_

Staff Contact: \_\_\_\_\_

Date Response Provided: \_\_\_\_\_

If a request is denied in part or in whole, see AP-12 for response requirements.