



County of Gloucester Request for Public Records Pursuant to the Virginia Freedom of Information Act (FOIA)

In order for the County of Gloucester to accurately process your request for public records under FOIA, please provide the following information to help us assist you.

Date of Request: _____ Time of Request: _____

Person Submitting Request: _____

Mailing Address: _____

_____ Email: _____
City State Zip Code

Telephone Number(s) for Contact: _____

I understand that I will be charged for copying costs and may be assessed for the administrative time utilized to search for the documents or data requested. A current schedule of costs is available upon request.

I request that all charges for supplying the records I have requested be estimated in advance. I also understand that if charges are expected to exceed \$200, I will be required to pay estimated charges in advance.

Description of Public Records Requested:

**RETURN COMPLETED FORM TO:
Freedom of Information Compliance Officer
Gloucester County Department of Community Engagement**

6467 Main Street, Gloucester, VA 23061

Telephone (804) 693-5730 Fax: (804) 824-2443 Email: clewis@gloucesterva.info

RECEIVING DEPARTMENT/OFFICE

Person & Department Receiving Request: _____

Request Received: ___ In Person ___ By Phone ___ In Writing (includes e-mail & attach to form)

FOIA OFFICER USE ONLY

Date Request Received by FOIA Office: _____

Response Type: ___ Granted ___ Partial ___ Denied ___ Extension Requested & Date: _____

Response Sent/Provided Date: _____

Specific Information Provided: _____

Specific Charges and Payment: _____

Revised 9.08