



VIRGINIA FREEDOM OF INFORMATION ACT
REQUEST FOR RECORDS FROM FAUQUIER COUNTY

Please print

Requestor:		Organization:	
Address:			
Telephone (include area code):		E-mail:	
Public records sought / requested:			
<input type="checkbox"/> Notify regarding all charges before copying			
The following section is for staff use only			
Date Received:	Date Due:	Extra time required?	<input type="checkbox"/> Yes (7 business days max) <input type="checkbox"/> No
Received via: <input type="checkbox"/> Mail	<input type="checkbox"/> Fax	<input type="checkbox"/> In person	<input type="checkbox"/> E-mail <input type="checkbox"/>
Telephone			
Is information requested excluded by Code? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state the reason and applicable code section			
Public Records Provided / Comments:			
Requestor registered on unpaid FOIA request list (located on the employee portal, link below): <input type="checkbox"/> Yes <input type="checkbox"/> No http://equest.fc.net/Resources/Procedures/Policies%20and%20Procedures%20Documents/unpaidFOIA.pdf			
Estimated charges for this request:	\$	If >\$200, date deposit paid:	
Actual charges for this request:	\$	Date paid:	
Refund due to the Requestor:	\$	Date paid:	
Response prepared by: _____			
		Name	Title
Date of Response:			
Responded via: <input type="checkbox"/> Mail	<input type="checkbox"/> Fax	<input type="checkbox"/> Picked up	<input type="checkbox"/> E-mail
Format of response: <input type="checkbox"/> Hard copy	<input type="checkbox"/> CD	<input type="checkbox"/> DVD	<input type="checkbox"/> Electronic