TOWN OF CHILHOWIE, VIRGINIA FOIA REQUEST FORM

Name: ____________________________________________.

Physical Address: ____________________________________.

Mailing Address, if different: ____________________________.

Telephone Number: ________________________________.

E-mail Address: ____________________________________.

Preferred Method of Record Delivery (Please check one appropriate box):

E-mail:______. Mail:______. Pick-up:______.

Date of Request: ________________________________.

Are you a current resident of the Commonwealth of Virginia? Yes:______. No:______.

Are you currently incarcerated at any local, state, or federal facility? Yes:______. No:______.

Please indicate which mediums of public record you are requesting (check all that apply):

Paper:_____. Electronic:_____. Audio:_____. Video:_____. Other:______

Department(s) Requested From: ________________________.

Specific Record(s) Requested: (Please identify and describe with reasonable specificity):

__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Requestor’s signature
__________________________________________________________________________________
__________________________________________________________________________________

For Office Use Only.

Received By: ____________ Dept: ____________ Date: ________________