

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: _____