

**REQUEST FOR RECORDS
UNDER THE
VIRGINIA FREEDOM OF INFORMATION ACT**

To: New Kent County

c/o _____
Name of Department or Agency

In accordance with the Virginia Freedom of Information Act (Section 2.2-3700 et seq.), I am requesting copies of the following records:

(Please be specific. This will assist us in processing your request and help minimize your costs.)

_____ I request that all charges for supplying the records I have requested be estimated in advance.

(Choose one of the following)

_____ Please mail the records to the below address. I understand that I will be responsible for postage charges.

_____ Please call me when the records are ready and I will pick them up.

I understand that if the County determines that the charges are likely to exceed \$200, I am obliged to pay that amount before you continue to process my request. I understand and agree that charges may include staff time for research, copies and postage.

If you have any questions or require additional information in order to process my request, please do not hesitate to contact me at _____.
(Telephone Number including Area Code)

Signature

Printed Name

Mailing Address

E-mail address

City, State and Zip Code

Date of Request

FOR COUNTY USE ONLY

Date request received _____

Due date for material _____
(5 business days or +7 business days)

Date Request for Extension sent: _____

Staff Time: _____

Copy charges: _____

Total amount due: _____

Date records delivered _____

Date Paid _____