



COUNTY OF WASHINGTON, VIRGINIA
OFFICE OF COUNTY ADMINISTRATOR

**REQUEST FOR RECORDS PURSUANT
 VIRGINIA FREEDOM OF INFORMATION ACT**

INSTRUCTIONS

This REQUEST FOR RECORDS PURSUANT TO VIRGINIA FREEDOM OF INFORMATION ACT form may be returned by mail, fax (276-525-1309), e-mailed, or hand-delivery to the Office of County Administrator, County of Washington, 1 Government Center Place, Abingdon, Virginia 24210. The County of Washington shall provide a response to this Request in accordance with the provisions of the Virginia Freedom of Information Act, § 2.2-3700 et.seq. of the 1950 Code of Virginia, as amended.

REQUESTING PARTY INFORMATION

REQUESTING PARTY NAME: _____ (Optional)

REQUESTING PARTY MAILING ADDRESS (Only information necessary to respond to this Request need be provided):

Street Address or P.O. Box _____ City _____ State _____ Zip Code _____ Area Code & Home Telephone _____

Area Code & Work Telephone _____ Area Code & Mobile Telephone _____ Area Code & Fax Number _____ E-mail _____

INFORMATION REQUEST

I HEREBY REQUEST COPIES OR ACCESS TO THE FOLLOWING RECORDS PURSUANT TO THE VIRGINIA FREEDOM OF INFORMATION ACT:

Empty space for providing details of the records request.

REQUESTING PARTY SIGNATURE

Signature of Requesting Party (Optional) _____

DATE OF REQUEST: _____

FOR COUNTY USE ONLY

DATE REQUEST RECEIVED: _____ RECEIVED BY: _____
 Initials