

Town of Farmville Freedom of Information & Privacy Protection Form

Print Name:	Organization:		
Address:	City:	State:	Zip:
Telephone:	Email Address:		
Information Requested: In accordance with the Virginia Freedom of Information Act (§ 2.2 -3700 et seq.), I am requesting copies of any records related to			
I would also like to request that all charges for supplying the records I have requested be estimated in advance. I understand that if you determine that the charges are likely to exceed \$200, I am obliged to pay that amount before you continue to process my request.			
☐ I authorize charges up to \$20.00			
☐ Notify of all charges before processing request			
Signature:	Date:		
For office use only (This section to be completed by Town Clerk)			
Request received by: ☐ Mail ☐ Letter ☐ Fax ☐ In Person			
Date information due:	Additional time nee	ded: ☐Yes (M	(ax.7 business days)
(5 business days)		\square No	
Is information requested excluded by Code? \Box Yes \Box No If yes, state the reason and applicable code section.			
Comments:			
Request Completed By:	Title:		Date:

Submit completed form(s) to:

Town of Farmville
Town Manager's Office

Post Office Drawer 368, Farmville, VA 23901 Phone: 434-392-5686 Fax: 434-392-3160