

FREEDOM OF INFORMATION ACT (FOIA)
REQUEST FOR PUBLIC RECORDS
Section 2.2-3700, Code of Virginia

1. DATE OF REQUEST: _____

2. INDIVIDUAL REQUESTING INFORMATION

Full Name: _____

Company (if applicable): _____

Address: _____

City: _____ State: _____ ZIP: _____

Email Address: _____

Telephone: (Home) _____ (Work) _____

3. RECORDS REQUESTED (Provide as much detail as available):

Date(s) / Time(s) of record(s) (Ex. 01/01/2004 at 3:45 p.m.) _____

Detailed Description of Request: _____

4. PURSUANT TO VIRGINIA CODE §2.2-3704(F), IT WILL BE NECESSARY FOR YOU TO REIMBURSE THE CITY FOR ALL COSTS INCURRED IN THE PRODUCTION OF THESE RECORDS.

SIGNATURE OF REQUESTER: _____

You can mail the completed form back to:
City of Norfolk Communications Division
810 Union Street, Ste. 409
Norfolk, VA 23510

You can also fax it to (757) 664-4006 or email it to FOIARequest@norfolk.gov
Call (757) 664-4266 with any questions