



City Attorney's Office

FOIA Request Form



First Name M.I. Last Name

Street Address

City State Zip Code

Phone Number Fax Number Email

Are you a resident of Virginia? ☐ Yes ☐ No

Are you a member of the Media? ☐ Yes ☐ No

Date of Request Received by:

Please be as detailed as possible **and** provide a period/time frame of the request:

