



COMMONWEALTH OF VIRGINIA
TOWN OF HURT
Virginia Freedom of Information Act
Request for Information

This request is for: ☐ Copies ☐ Review of Records Date of Records: _____

Name of Requester: _____

Address: _____

Phone Number: _____ Email: _____

Details of Request for Records: Please specify below the records you are requesting for copy or review. Please be as specific as possible to expedite fulfillment of your request. Please note that FOIA requests are for existing records only.

By submitting this request, you are acknowledging that you are aware that Virginia Code allows the Town Of Hurt five (5) business days to respond to your request for records. If a deposit is required, the five (5) day response time does not begin until the deposit is received. You must provide your full name, and legal mailing address. Please note: Requests received without a full name and mailing address will not be processed until these are provided. A public body may make reasonable charges not to exceed its actual cost incurred in accessing, duplicating, supplying, or searching for the requested records. No public body shall impose any extraneous, intermediary, or surplus fees or expenses to recoup the general costs associated with creating or maintaining records or transacting the general business of the public body. Any duplicating fee charged by a public body shall not exceed the actual cost of duplication. All charges for the supplying of requested records shall be estimated in advance at the request of the citizen as set forth in subsection F of Section 2.2-3704 of the Code of Virginia. If the estimated cost is expected to be more than \$200, a deposit will be required in order to continue with the request.

OFFICE USE ONLY

Date Received:	Received By:	Estimated cost:
Actual Cost:	Date paid:	CASH/CHECK:
Completed:		
Remarks:		