

REQUEST FOR PUBLIC RECORDS

Name _____

Address _____

E-mail address _____

Phone _____

I am a (check one):

- Citizen of the Commonwealth of Virginia
- Member of the Press referenced in Va. Code §2.2-3704
- News Organization _____

Identification must be presented prior to inspection of records or receipt of copies. A photocopy of identification is acceptable with a mailed/faxed request.

STAFF USE ONLY
Date Request Received: _____
Request was made (check one)
<input type="checkbox"/> by requester on this form
<input type="checkbox"/> by telephone
<input type="checkbox"/> in writing other than on form (attach original request)
Date Response Sent: _____ (attach copy)
<input type="checkbox"/> Identification Verified
Type: _____
Number: _____
<input type="checkbox"/> Itemized Cost Estimate Attached

I am requesting access to the following records (please be as specific as possible, and attach additional paper if necessary):

Reasonable costs may be assessed in connection with this request. A current schedule of costs appears in Regulation KBA-R. If the costs associated with this request are expected to exceed \$200, the requestor will be asked to pay the estimated costs before the request is processed.

In addition, the requestor may ask for an advance determination of the cost of the request. Please indicate here if you would like an advance determination of cost. Yes ___ No ___

If you are requesting copies, please specify the format in which you would like to receive them. Charles City County School Division will provide the record(s) in the requested format if that medium is used by it in the regular course of its business.

Specify format desired (if available):

- Photocopies
- Website posting
- E-mail (give address): _____
- Other (please specify): _____

Signature

Date

RETURN COMPLETED FORM TO:
CHARLES CITY COUNTY PUBLIC SCHOOLS
10910 COURTHOUSE ROAD
CHARLES CITY, VIRGINIA 23030