



BOTETOURT COUNTY SHERIFF'S OFFICE
FREEDOM OF INFORMATION (FOIA) REQUEST

FOIA REQUEST FORM

1a. Name of Requestor

1b. Current Address Apt. No.

1c. Street No.

1d. Street Name-Mailing Address

1e. City/Town

1f. State

1g. Zip Code

2a. Home Phone No. (include area code)

Cellular Phone No. (include area code)

I am requesting information pursuant to the Freedom of Information Act (FOIA) Title 2.2-3700 et, seq, of the Code of Virginia. Our office has **five (5) business days** to respond to your request. "Day One" is considered the day after your request is received. The five (5) day period does not include weekends or holidays. Requested information: **(Please describe the records or information you are requesting in order for us to respond to your request appropriately.)** Please provide additional details on the back of this form if more room is needed.

Address of Occurrence

Date of Occurrence

Please Note: \$5.00 per Request Form (non-refundable for the first five (5) pages. Our office only accepts payment in the following: cash, cashier's check, or money order.

Fee Amounts: Additional \$0.50 per page (PDF/Electronic Version or Hard Copies)
Media Fee will be determined on the time of labor and size of the requested media record.

If the F.O.I.A. request fees are estimated to exceed the following amount \$_____.00, please contact me before proceeding with this request (i.e., if the amount you are willing to pay is \$10.00 and the estimated fee goes over this amount you will be contacted by this office before your request is fulfilled to determine if you wish to proceed.)

I wish to receive the requested records by the following: (must check one)

- E-Mail to the provided E-Mail address above
- Mail to the provided mailing address above
- Pick-up in Person at the Botetourt County Sheriff's Office

Printed Name of Requestor

Email Address (Requestor)

Signature of Requestor

Date of Request

FOR OFFICIAL OFFICE USE ONLY

Payment Amount Received

Receipt Number

Date

\$

Received by

Date

Completed by

Date

Date Released to Requestor

