



**COUNTY OF AUGUSTA**  
**FREEDOM OF INFORMATION ACT REQUEST**



County Administration P.O. Box 590 Verona, VA 24482 (540) 245-5610 Fax (540) 245-5621 [foia@co.augusta.va.us](mailto:foia@co.augusta.va.us)

<b>DATE OF REQUEST</b> _____	DATE RECEIVED		RECEIVED BY	
<b>NAME OF REQUESTOR</b> _____				
<b>COMPANY/ORGANIZATION</b> _____				
<b>ADDRESS</b> _____				
<b>CITY</b> _____	<b>STATE</b> _____	<b>ZIP</b> _____		
<b>PHONE</b> _____	<b>FAX</b> _____	<b>CELL</b> _____		
<b>E-MAIL</b> _____				
<b>SIGNATURE</b> _____				

In accordance with the Virginia Freedom of Information Act (§ 2.2 -3700 et seq.) I am requesting copies of any records related to:

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I would also like to request that all charges for supplying the records I have requested be estimated in advance. I understand that if you determine that the charges are likely to exceed \$200, I am obliged to pay that amount before you continue to process my request.

**Please see *Rights and Responsibilities: The Rights of Requesters and the Responsibilities of the County of Augusta under the Virginia Freedom of Information Act* at [www.co.augusta.va.us](http://www.co.augusta.va.us) for more information.**



**TO BE COMPLETED BY COUNTY OF AUGUSTA**

<b>Completed</b>		<b>By</b>			
<b>Time</b>		<b>Materials</b>			
<b>Customization</b>					
<b>Total Charges</b>		<b>Paid</b>		<b>Date</b>	