

SMYTH COUNTY, VIRGINIA FOIA REQUEST FORM

Name: _____.

Physical Address: _____.

Mailing Address, if different: _____.

Telephone Number: _____.

E-mail address: _____.

Preferred Method of Record Delivery (Please check one appropriate box):

e-mail: _____. mail: _____. pick-up: _____.

Date of Request: _____.

Are you a current resident of the Commonwealth of Virginia? Yes: _____. No: _____.

Are you currently incarcerated at any local, state, or federal facility? Yes: _____. No: _____.

Please indicate which mediums of public record you are requesting (check all that apply):

Paper: _____. Electronic: _____. Audio: _____. Video: _____. Other: _____.

Department(s) Requested from: _____.

Specific Record(s) Requested: (Please identify and describe with reasonable specificity):

_____.

Requestor's Signature

For office use only.

Received By: _____ Dept: _____ Date: _____.