



INSTRUCTIONS

This REQUEST FOR RECORDS PURSUANT TO VIRGINIA FREEDOM OF INFORMATION ACT form may be returned by mail, fax (757-653-9374), e-mailed, or hand-delivery to the FOIA Officer, Blackwater Regional Library, 22511 Main Street, Courtland, Virginia 23837. Blackwater Regional Library shall provide a response to this Request in accordance with the provisions of the Virginia Freedom of Information Act, § 2.2-3700 et.seq. of the 1950 Code of Virginia, as amended.

REQUESTING PARTY INFORMATION

REQUESTING PARTY NAME: _____ (Optional)

REQUESTING PARTY MAILING ADDRESS (Only information necessary to respond to this Request need be provided):

_____	_____	_____	_____	_____
Street Address or P. O. Box	City	State	Zip Code	Area Code & Home Telephone
_____	_____	_____	_____	_____
Area Code & Work Telephone	Area Code & Mobile Telephone	Area Code & Fax Number	E-mail	

INFORMATION REQUEST

I HEREBY REQUEST COPIES OR ACCESS TO THE FOLLOWING RECORDS PURSUANT TO THE VIRGINIA FREEDOM OF INFORMATION ACT:

Empty box for providing details of the records request.

REQUESTING PARTY SIGNATURE

Signature of Requesting Party (optional) DATE OF REQUEST: _____

FOR LIBRARY USE ONLY

DATE REQUEST RECEIVED: _____ RECEIVED BY: _____
Initials