



**VIRGINIA FREEDOM OF INFORMATION ACT (FOIA)
REQUEST FORM**

Requestor's Name: _____

Address & Phone Number(s) of Requestor (required): _____

Address of Property(s): _____

In accordance with the Virginia Freedom of Information Act (§ 2.2 -3700 et seq.) I am requesting _____

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.

Print your name clearly

Sign your name

Ina Chandler
Arlington County FOIA Officer
703 228-3120

703 228-3218 (fax)

2100 Clarendon Boulevard, #302
Arlington, Virginia 22201
703 228-4611 (TTY)