

## What is required to make a VFOIA request?

Pursuant to Va. Code Ann. § 2.2-3704(A), the DPSC requires that you provide your name and legal address.

Va. Code Ann. § 2.2-3704(B) requires that the requestor identify the requested records with reasonable specificity.

In general, the DPSC is not required to create a new record in response to any VFOIA request. Va Code Ann. § 2.2-3704(D).

## Is there a cost associated with a VFOIA request?

The DPSC is allowed to make reasonable charges for any VFOIA request that does not exceed the actual cost of producing the records. If it is determined in advance that the cost of a VFOIA request will exceed \$200, the requestor will be notified and the DPSC may require a deposit before processing the request any further. DPSC does require the payment of any outstanding charges related to prior VFOIA requests before any future requests will be honored. Va Code Ann. §§ 2.2-3704(F) and (I).

Some examples of fees are as follows:

One page - \$0.10

Five pages - \$0.50

CD with 9-1-1 recordings - \$25.00 (approximate - actual cost depends upon cost to fulfill request)

The actual fee for a VFOIA request will be determined by the amount of time it takes to gather the records and the actual production of the records. In addition, **records containing personal or identifying information will have such information redacted prior to release** (VA. Code Ann. § 2.2-3706(B)).

## What public records are exempt from disclosure under VFOIA?

The following records are exempt from the mandatory disclosure requirements of VFOIA:

Personnel records (Va. Code Ann. § 2.2-3705.1(1))

Legal memoranda and written advice from counsel (Va. Code Ann. §§ 2.2-3705.1(2) and (3))

Tests or examinations (Va. Code Ann. § 2.2-3705.1(3))

Subscriber data as defined in Va. Code Ann. §§ 2.2-3705.2(10) and (11)

Records that are part of a criminal investigative file (Va. Code Ann. § 2.2-3706)



# VIRGINIA FREEDOM OF INFORMATION ACT REQUEST



## REQUESTOR INFORMATION

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_ PHONE: \_\_\_\_\_

ORGANIZATION (for requests made on behalf of clients): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_

Is the requestor, or the party for which the requestor is acting on behalf of, a resident of the Commonwealth of Virginia? YES [ ] NO [ ]

## REQUEST INFORMATION

DPSC EVENT NUMBER (if known): \_\_\_\_\_

FPCPD CASE NUMBER (if known): \_\_\_\_\_

TYPE OF RECORD(S) REQUESTED: \_\_\_\_\_

INCIDENT DATE: \_\_\_\_\_ Approximate Time: \_\_\_\_\_

INCIDENT ADDRESS: \_\_\_\_\_

PHONE NUMBER(S) USED: \_\_\_\_\_

PERSON(S) INVOLVED: \_\_\_\_\_

DESCRIPTION OF INCIDENT: \_\_\_\_\_