

**DEPARTMENT OF
CODE COMPLIANCE
FOIA REQUEST FORM**

IQ Workflow ID # _____

Staff Receiving FOIA _____ Date: _____

Date of Request _____ Requestor Mr. Mrs. Ms. _____

Requestor's Address: _____

City: _____ State: _____ Zip: _____

Requestors Cell#: _____ Home#: _____ Work#: _____ Ext: _____

Delivery Method: E-mail Address: _____

Pick up Mail Fax#: _____ Other: _____

Address of the subject property: _____

City: _____ State: VA Zip: _____ Tax Map _____

Information Requested: _____

Office Use Only:

Case # _____ SR# _____ Type: _____ Open/Closed SR# _____ Type: _____ Open/Closed

Case # _____ SR# _____ Type: _____ Open/Closed SR# _____ Type: _____ Open/Closed

Case # _____ SR# _____ Type: _____ Open/Closed SR# _____ Type: _____ Open/Closed

Investigator(s) _____ Active Litigation? _____ K Drive Verified: _____

Date Received: _____ Co. Atty Review: Yes

Due for Review: _____ Date Sent to CAO: _____

FOIA DUE DATE: _____ CAO Assigned: _____

Extension Req. Date: _____

EXTENDED DUE DATE: _____

Reviewed By: _____ Date: _____

Released By: _____ Date: _____

TOTAL Amount Due: _____ Amount Paid/Date: _____ Amount Paid/Date: _____

PAID IN FULL: _____ Yes _____ No _____ N/A