



**FAIRFAX COUNTY FIRE & RESCUE DEPARTMENT
OFFICE OF THE FIRE MARSHAL**

Revenue & Records Branch
10700 Page Avenue
Fairfax, VA 22030

Telephone: 703-246-4803, TTY 711, Fax: 703-246-6044

www.fairfaxcounty.gov/fr/prevention/



FREEDOM OF INFORMATION ACT REQUEST

Date: _____ This written FOIA request may be faxed to: **703-246-6044**

In accordance with the Freedom of Information Act, I _____,
request information about the following: *Print Requestor's Name*

Street Address or Location / _____
Property Name, if applicable

Provide all details about your request in the following text box.

Note: We are limited to information/records currently available from our fire prevention files.

Contact Information:

Fax #: _____ Phone #: _____

Company/Organization Name: _____ Attention: _____

Mailing Address: _____

City: _____ State: _____ ZIP Code: _____

STATEMENT OF AGREEMENT & UNDERSTANDING

By submitting this request, I accept these terms:

- **I agree** to pay a research fee at the rate of \$20.00 per hour to cover the expense of research and retrieval of any pertinent records.
- If any additional fees may be incurred, such as the copying of large documents, etc., **I understand** that I will be notified for approval first.
- The completion of this request is expected to take approximately five working days from receipt of the request. If unforeseen problems arise, **I understand** that I will be contacted immediately of any delays in fulfilling this request.
- Upon completion of this research, **I understand** that I will be billed for the appropriate amount due.
- **I understand** that payment is due within 30 days of the billed date and agree to pay the amount due.

Requestor's Signature: _____ Date: _____