



County of Fairfax, Virginia

To protect and enrich the quality of life for the people, neighborhoods and diverse communities

FOIA Request Form

Pursuant to Code of Virginia 2.2-3700, the Virginia Freedom of Information Act (FOIA), citizens have the right to access public records with specific exemptions. **Please print the information below.** Some of this information is voluntary and becomes part of the Health Department's public records. Providing the information requested below will assist the Health Department in fulfilling your request promptly and accurately. More information about FOIA is posted online at www.fairfaxcounty.gov/opa/foia.htm.

*Name (*Required): _____

*Requester's Address (*Required): _____

Phone: _____ Fax: _____

Email: _____ Date: _____

Company/Organization: _____

Requested Properties, if applicable (Records can be searched only by full postal address or Tax Map ID): _____

Specific Information Requested: _____

Check one:

- Print Requested Records Email Requested Records (when possible) Save Requested Records on a Computer Disk

Charges

VFOIA [Va. Code Ann. Section 2.2-3704 (F) (Supp. 2009)] permits reasonable charges not to exceed the actual cost incurred in accessing, duplicating, supplying, or searching for the requested records. You may request an advanced estimate of the charges. If the estimated charges exceed \$200, payment will be required prior to processing your FOIA request. An itemized FOIA expense form is available upon request.

Costs

1. Cost for **staff time** to assemble requested information and for special computer runs is calculated by staff time expended for accessing, duplicating, supplying or searching for the requested records not to exceed actual cost.
2. **\$.10 per page** (8.5" x 11") when records exceed ten pages.
3. **\$5 per plat.**
4. **\$.35 per computer disk.**

Signature

Date

This section for Health Department staff only:

FOIA request taken by phone, form filled out by _____ Charges explained to caller? YES NO

