

FAIRFAX COUNTY DEPARTMENT OF CODE COMPLIANCE

FOIA REQUEST FORM

You can submit your form by email to: codecompliance@fairfaxcounty.gov or Fax: (703) 653-9459

Requestor's information: Ms. Mr. _____

Address: _____ City: _____ State: _____ Zip: _____

Cell Phone: _____ Work: _____ Home: _____ Fax: _____

Organization/Company: _____

Address Same as Above

Address: _____ City: _____ State _____ Zip: _____

Phone: _____ Fax: _____

Preferred Delivery Method: E-mail Address: _____

Pick up Mail Fax: _____

Address of the Subject Property: _____

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

Case # _____ Service Request # _____ - _____ - _____

Case # _____ Service Request # _____ - _____ - _____

Information Requested: *Please be as specific as possible on your request*

Description of Requested Information:

Office Use Only

VFOIA# _____

Received by: _____ **Date:** _____

Due Date: _____

Intake Method: Phone Email Walk-in Mail Fax

Reviewed by: _____ **Date:** _____

Released by: _____ **Date:** _____

Notes: _____