

TOWN OF APPOMATTOX



FREEDOM OF INFORMATION & PRIVACY PROTECTION FORM

Once completed the form can be mailed to:

Clerk's Office
P. O. Box 705
Appomattox, VA 24522
or faxed to 434-352-2126

Individual/Organization initiating request:

Print Name		Organization	
Address	City	State	Zip
Signature		Telephone (include area code)	
Information sought/requested			
<input type="checkbox"/> I authorize charges up to \$20.00 <input type="checkbox"/> Notify all charges before copying			
For office use only. (This section to be completed by staff)			
Received by	<input type="checkbox"/> Mail	<input type="checkbox"/> Letter	<input type="checkbox"/> Fax <input type="checkbox"/> In person
Date information due (5 work day limitation)	Extra time required? <input type="checkbox"/> Yes (max 7 work days) <input type="checkbox"/> No		
Is information requested excluded by Code? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state the reason and applicable code section			
Comments			
Signed by	Title	Date	