**REQUEST FOR PUBLIC RECORDS**

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| --- | --- | --- |
| Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | **STAFF USE ONLY**  Date Request Received:\_\_\_\_\_\_\_\_\_\_  Request was made (check one)   * by requester on this form * by telephone * in writing other than on form   (attach original request)  Date Response Sent: \_\_\_\_\_\_\_\_\_\_\_\_  (attach copy)   * Identification Verified   Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   * Itemized Cost Estimate Attached |
| Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  E-mail address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| I am a (check one):   * Citizen of the Commonwealth of Virginia * Member of the Press referenced in Va. Code §2.2-3704   News Organization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Requesters may be asked to provide verification that they are citizens of the Commonwealth or a member of the press referenced in Va. Code § 2.2-3704. |

I am requesting access to the following records (please be as specific as possible, and attach additional paper if necessary \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reasonable costs may be assessed in connection with this request. A current schedule of costs appears in Regulation KBA-R Requests for Public Records. If the costs associated with this request are expected to exceed $200, the requestor will be asked to pay the estimated costs before the request is processed.

In addition, the requestor may ask for an advance determination of the cost of the request. Please indicate here if you would like an advance determination of cost.

Yes \_\_\_ No \_\_\_

If you are requesting copies, please specify the format in which you would like to receive them. Charlotte County school division will provide the record(s) in the requested format if that medium is used by it in the regular course of its business.

Specify format desired (if available):

|  |  |
| --- | --- |
| * Photocopies | * E-mail (give address): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| * Website posting | * Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

**RETURN COMPLETED FORM TO:**

CHARLOTTE COUNTY PUBLIC SCHOOLS   
Dana Ramsey, Clerk

PO BOX 790

Charlotte Court House, VA 23923

FAX: 434-542-4261