



**AUGUSTA COUNTY TREASURER'S OFFICE**  
**FREEDOM OF INFORMATION ACT REQUEST**



P.O. Box 590 Verona, VA 24482 -- (540) 245-5660 -- Fax (540) 245-5663

<b>DATE OF REQUEST</b> _____	<b>DATE RECEIVED</b> _____	<b>RECEIVED BY</b> _____	
<b>NAME OF REQUESTOR</b> _____			
<b>COMPANY/ORGANIZATION</b> _____			
<b>ADDRESS</b> _____			
<b>CITY</b> _____	<b>STATE</b> _____	<b>ZIP</b> _____	
<b>PHONE</b> _____	<b>FAX</b> _____	<b>CELL</b> _____	
<b>E-MAIL</b> _____			
<b>SIGNATURE</b> _____			

In accordance with the Virginia Freedom of Information Act (§ 2.2 -3700 et seq.) I am requesting copies of any records related to:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I would also like to request that all charges for supplying the records I have requested be estimated in advance. I understand that if you determine that the charges are likely to exceed \$200, I am obliged to pay that amount before you continue to process my request.

**Please see *Rights and Responsibilities: The Rights of Requesters and the Responsibilities of the Augusta County Treasurer's Office under the Virginia Freedom of Information Act* at [www.co.augusta.va.us](http://www.co.augusta.va.us) under the department for Treasurer for more information.**

**TO BE COMPLETED BY AUGUSTA COUNTY TREASURER'S OFFICE**

<b>Completed</b>		<b>By</b>	
<b>Time</b>		<b>Materials</b>	
<b>Customization</b>			
<b>Total Charges</b>		<b>Paid</b>	<b>Date</b>