

Town of Lawrenceville
400 N Main St.
Lawrenceville, VA 23868

FREEDOM of INFORMATION ACT (FOIA) REQUEST

Items marked with () are required.*

* Name: _____

* Address (including city, state, zip code): _____

* Phone: _____

* Email: _____

* Date: _____

Town of Lawrenceville
ATTN: FOIA Liaison
400 N Main St.
Lawrenceville, VA 23868

Dear FOIA Public Liaison:

This is a request under the FOIA. ***I request that a copy of the following documents (or documents containing the following information) be provided to me.** *(Identify the documents or information as specifically as possible).*

* In order to help to determine my status to assess fees, you should know that I am *(select - required)*:

____ An individual seeking information for personal use.

____ Affiliated with an educational or noncommercial scientific institution, and this request is made for a scholarly purpose.

____ Affiliated with a private corporation and seeking information for use in the company's business.

____ A representative of the news media/press and this request is made as part of news gathering and not for commercial use.

____ Affiliated with a public interest group and this request is not for commercial use.

* The maximum dollar amount I am willing to pay for this request is \$ _____. Please notify me if the fees will exceed \$25.00 or the maximum dollar amount I entered.

____ I request a waiver of all fees for this request. Disclosure of the requested information to me is in the public interest because it is likely to contribute significantly to public understanding of the operations or activities of the government and is not primarily in my commercial interest.

*TYPED/PRINTED FULL NAME

*SIGNATURE

DATE