

# Kingsmill Police Department, Inc.

Date/Time Received \_\_\_\_\_

## FOIA Request Form

Please complete and mail or hand deliver to: Kingsmill Police Department  
309 McLaws Circle, Suite D  
Williamsburg, VA 23185  
Phone Number: 757-603-6006

Emailed to: [FOIA@kingsmillpolice.org](mailto:FOIA@kingsmillpolice.org)

Faxed to: Fax Number: 757-603-6005

### Individual/Organization Initiating Request:

Name:	Organization:
Address:	City: State: Zip:
Signature:	Telephone: (Include Area Code):
Email Address:	

Records Sought/Requested:

I authorize charges up to \$25. Notify me of all estimated charges before proceeding

### For Office Use Only. (This section to be completed by staff)

Received By:	Mail	Email	Fax	In person
Date Information Due: (5 Work Day Limitation)	Extra Time Required?		Yes	No
Are records requested excluded by Code?	yes	No		
If yes, state the reason and applicable Code Section:				

Comments

Signed By:	Title:	Date
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