

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: 757-645-6006

Emailed to: FOIA@kingsmillpolice.org

Faxed to: Fax Number: 757-645-6005

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 <input type="checkbox"/>	Email <input type="checkbox"/>	Fax <input type="checkbox"/>	In person <input type="checkbox"/>
Date Information Due: (5 Work Day Limitation)	Extra Time Required? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Are records requested excluded by Code?	yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, state the reason and applicable Code Section:				

Comments

Signed By:	Title:	Date
------------	--------	------