



**Town of Dumfries**  
**Request for Public Records Pursuant to the**  
**Virginia Freedom of Information Act (FOIA)**

In order for the Town of Dumfries to accurately process your request for public records under FOIA, please provide the following information to help us assist you.

Date of Request: \_\_\_\_\_ Time of Request: \_\_\_\_\_

Person Submitting Request: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_  
City State Zip Code

Telephone Number(s) for Contact: \_\_\_\_\_

- I understand that I will be charged for copying costs and may be assessed for the administrative time utilized to search for the documents or data requested. A current schedule of costs is available upon request.
- I request that all charges for supplying the records I have requested be estimated in advance. I also understand that if charges are expected to exceed \$200, I will be required to pay estimated charges in advance.

**Description of Public Records Requested:**

**RETURN COMPLETED FORM TO:**  
**Freedom of Information Officer**  
**Town of Dumfries**  
**17739 Main Street, Dumfries, VA 22026**

Telephone (703) 221-3400

Fax: (703) 221-3544

Email: [PIO@dumfriesva.gov](mailto:PIO@dumfriesva.gov)

**RECEIVING DEPARTMENT/OFFICE**

**Person & Department Receiving Request:** \_\_\_\_\_

**Request Received:** \_\_\_ In Person \_\_\_ By Phone \_\_\_ In Writing (includes e-mail & attach to form)

**FOIA OFFICER USE ONLY**

**Date Request Received by FOIA Office:** \_\_\_\_\_

**Response Type:** \_\_\_ Granted \_\_\_ Partial \_\_\_ Denied \_\_\_ Extension Requested & Date: \_\_\_\_\_

**Response Sent/Provided Date:** \_\_\_\_\_

**Specific**

**Information Provided:** \_\_\_\_\_

**Specific Charges and Payment:** \_\_\_\_\_