

REQUEST FOR PUBLIC RECORDS

Name _____

Address _____

Phone _____

I am a (check one):

- Citizen of the Commonwealth of Virginia
- Member of the Press Referenced in §2.2-3704
News Organization _____

**OFFICIAL PHOTO IDENTIFICATION
MUST BE PRESENTED PRIOR
TO INSPECTION OF RECORDS
OR RECEIPT OF ANY COPIES
(PHOTOCOPY ACCEPTABLE WITH
MAILED/FAXED REQUEST)**

I am requesting access to the following records (please be as specific as possible, and attach additional paper if necessary):

Reasonable costs for copying, search, and computer time may be assessed in connection with this request. A current schedule of costs appears in Regulation KBA-R.

Specify format desired (if available):

- Photocopies
- E-mail (give address): _____
- Other (please specify): _____

Check this box to request an advance determination of cost.

Signature _____

_____ Date

STAFF USE ONLY
Date Request Received: _____
Request was made (check one)
<input type="checkbox"/> by requester on this form
<input type="checkbox"/> by telephone
<input type="checkbox"/> in writing other than on form (attach original request)
Date Response Sent: _____ (attach copy)
Identification Verified
Type: _____ Number: _____
Date Inspection Made: _____ (attach record)
<input type="checkbox"/> Itemized Cost Statement Attached

RETURN COMPLETED FORM TO:

CHARLOTTESVILLE CITY PUBLIC SCHOOLS, 1562 Dairy Road, Charlottesville, VA
22903