

SCHOOL-COMMUNITY RELATIONS

File: KBA-F1

REQUEST FOR PUBLIC RECORDS

Name _____

Address _____

E-mail address _____

Phone _____

I am a (check one):

- Citizen of the Commonwealth of Virginia
- Member of the Press referenced in Va. Code §2.2-3704
News Organization _____

Requesters may be asked to provide verification that they are citizens of the Commonwealth or a member of the press referenced in Va. Code § 2.2-3704.

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)
<input type="checkbox"/> Identification Verified
Type: _____
Number: _____
<input type="checkbox"/> Itemized Cost Estimate Attached

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

Reasonable costs may be assessed in connection with this request. A current schedule of costs appears in Regulation KBA-R Requests for Public Records.

Specify format desired (if available):

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

Signature

Date

RETURN COMPLETED FORM TO:
CHARLOTTESVILLE CITY SCHOOLS
1562 DAIRY ROAD
CHARLOTTESVILLE, VA 22903

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