

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 §2.2-3704
News Organization _____

**IDENTIFICATION MUST BE PRESENTED PRIOR
TO INSPECTION OF RECORDS OR RECEIPT OF
ANY COPIES**

A photocopy of identification is acceptable with a
mailed/faxed request.

FOR STAFF USE ONLY

Date Request Received: _____

- By requester on this form
- By telephone
- By writing other than on form
(attach original request)

Date Response Sent: _____
(attach copy)

Identification Verified

Type: _____

Number: _____

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 for may be assessed in connection with this request. A current schedule of costs appears in Regulation KBA-R Requests for Information. If the costs associated with this request are expected to exceed \$200, the requestor will be asked to pay the estimated costs before the request is processed.

In addition, the requestor may ask for an advance determination of the cost of the request. Please indicate here if you would like an advance determination of cost. Yes No

If you are requesting copies, please specify the format in which you would like to receive them. Martinsville City school division will provide the record(s) in the requested format if that medium is used by it in the regular course of its business.

Specify format desired (if available):

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

Signature

Date

RETURN COMPLETED FORM TO:
Martinsville City Public Schools
Attn: Travis Clemons, FOIA Officer
746 Indian Trail
P.O. Box 5548
Martinsville, Virginia 24115