



**AUGUSTA COUNTY SHERIFF'S OFFICE FREEDOM OF
INFORMATION ACT REQUEST**

P.O. Box 860 Verona, VA 24482 -- (540) 245-5333 -- Fax (540) 245-5330

dsmith@co.augusta.va.us, aleveck@co.augusta.va.us

DATE OF REQUEST _____	DATE RECEIVED _____	RECEIVED BY _____	
NAME OF REQUESTOR _____			
COMPANY/ORGANIZATION _____			
ADDRESS _____			
CITY _____	STATE _____	ZIP _____	
PHONE _____	FAX _____	CELL _____	
E-MAIL _____			
SIGNATURE _____			

In accordance with the Virginia Freedom of Information Act (§ 2.2 -3700 et seq.) I am requesting copies of any records related to:

I would also like to request that all charges for supplying the records I have requested be estimated in advance. I understand that if you determine that the charges are likely to exceed \$200, I am obliged to pay that amount before you continue to process my request.

Please see *Rights and Responsibilities: The Rights of Requesters and the Responsibilities of the Augusta County Sheriff's Office under the Virginia Freedom of Information Act* at www.co.augusta.va.us under the department for the Sheriff for more information.

TO BE COMPLETED BY AUGUSTA COUNTY SHERIFF'S OFFICE

Completed		By			
Time		Materials			
Customization					
Total Charges		Paid		Date	