

**REQUEST FOR ACCESS TO OFFICIAL RECORDS OF
THE TOWN OF PEARISBURG**

NAME: _____ DATE: _____

ADDRESS: _____

PHONE NO: _____

Pursuant to Section 2.2-3704 of Code of Virginia, Freedom of Information Act the following is a description of specific information requested:

The Town of Pearisburg shall make an initial response to the above stated request within five (5) work days from the receipt of this request. If it is determined that it is practically impossible to provide the requested records within this period, the Town of Pearisburg shall inform the person making the request and shall have an additional seven (7) work days to respond. The Town of Pearisburg shall also make a charge for copying and search time expended in supplying this information. Search time will be based on 1/4th of an hour basis at the current rate of \$22.12.

Signature of Person Making this Request

Fees will be charged for processing time based on current rate of pay of \$22.12 and cost of \$0.25 for Black/White copies and \$1.25 for Color copies.

FEES: Research Time _____ X Rate of \$ 22.12 = \$ _____
B/W Copies _____ X Rate of \$ 0.25 = \$ _____
#Color Copies _____ X Rate of \$ 1.25 = \$ _____
TOTAL AMOUNT RECEIVED: \$ _____

DATE PAYMENT RECEIVED: _____ STAFF SIGNATURE: _____

I have received the information detailed in the above request to my satisfaction.

DATE: _____ SIGNATURE: _____