

**County of Russell, Virginia****REQUEST FOR RECORDS PURSUANT  
VIRGINIA FREEDOM OF INFORMATION ACT****INSTRUCTIONS**

This REQUEST FOR RECORDS PURSUANT TO VIRGINIA FREEDOM OF INFORMATION ACT form may be returned by mail, fax, e-mailed, or hand-delivery to Lonzo Lester, County Administrator, 137 Highland Drive, Suite A, Lebanon, Virginia 24266 – Phone 276-889-8000, Fax: 276-889-8011, E-Mail: [lonzo.lester@russellcountyva.us](mailto:lonzo.lester@russellcountyva.us). The County of Russell shall provide a response to this Request in accordance with the provisions of the Virginia Freedom of Information Act, §202.3700 et.seq. of the 1950 Code of Virginia, as

**REQUESTING PARTY INFORMATION**

REQUESTING PARTY NAME: \_\_\_\_\_ (Optional)

REQUESTING PARTY MAILING ADDRESS (Only information necessary to respond to this Request need be provided):

\_\_\_\_\_  
Street Address or P.O. Box\_\_\_\_\_  
City\_\_\_\_\_  
State\_\_\_\_\_  
Zip Code\_\_\_\_\_  
Area Code & Home Telephone\_\_\_\_\_  
Area Code & Work Telephone\_\_\_\_\_  
Area Code & Mobile Telephone\_\_\_\_\_  
Area Code & Fax Number\_\_\_\_\_  
E-Mail**INFORMATION REQUEST**

I HEREBY REQUEST COPIES OR ACCESS TO THE FOLLOWING RECORDS PURSUANT TO THE VIRGINIA FREEDOM OF INFORMATION ACT:

**REQUESTING PARTY SIGNATURE**\_\_\_\_\_  
Signature of Requesting Party

DATE OF REQUEST: \_\_\_\_\_

**FOR COUNTY USE ONLY**DATE REQUEST RECEIVED: \_\_\_\_\_ RECEIVED BY: \_\_\_\_\_  
Initials