



## 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@russellcountyyva.us](mailto:lonzo.lester@russellcountyyva.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