



**INSTRUCTIONS**

This REQUEST FOR RECORDS PURSUANT TO VIRGINIA FREEDOM OF INFORMATION ACT form may be returned by mail, fax (276-676-6235), e-mailed, or hand-delivery to the Library Director, Washington County Public Library, 205 Oak Hill Street, Abingdon, Virginia 24210. The Washington County Public Library shall provide a response to this Request in accordance with the provisions of the Virginia Freedom of Information Act, § 2.2-3700 et.seq. of the 1950 Code of Virginia, as amended.

**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 (optional)      DATE OF REQUEST: \_\_\_\_\_

**FOR LIBRARY USE ONLY**

DATE REQUEST RECEIVED: \_\_\_\_\_ RECEIVED BY: \_\_\_\_\_  
Initials