

### REQUEST FOR PUBLIC RECORDS

Name \_\_\_\_\_

Address \_\_\_\_\_

E-mail address \_\_\_\_\_

Phone \_\_\_\_\_

I am a (check one):

- Citizen of the Commonwealth of Virginia
- Member of the Press referenced in Va. Code §2.2-3704  
News Organization \_\_\_\_\_

Requesters may be asked to provide verification that they are citizens of the Commonwealth or a member of the press referenced in Va. Code § 2.2-3704.

<b>STAFF USE ONLY</b>
Date Request Received: _____
Request was made (check one)
<input type="checkbox"/> by requester on this form
<input type="checkbox"/> by telephone
<input type="checkbox"/> in writing other than on form (attach original request)
Date Response Sent: _____ (attach copy)
<input type="checkbox"/> Identification Verified
Type: _____
Number: _____
<input type="checkbox"/> Itemized Cost Estimate Attached

I am requesting access to the following records (please be as specific as possible, and attach additional paper if necessary) \_\_\_\_\_

Reasonable costs may be assessed in connection with this request. A current schedule of costs appears in Regulation KBA-R Requests for Public Records. If the costs associated with this request are expected to exceed \$200, the requestor will be asked to pay the estimated costs before the request is processed.

In addition, the requestor may ask for an advance determination of the cost of the request. Please indicate here if you would like an advance determination of cost.  
Yes \_\_\_ No \_\_\_

If you are requesting copies, please specify the format in which you would like to receive them. Tazewell County school division will provide the record(s) in the requested format if that medium is used by it in the regular course of its business.

Specify format desired (if available):

- Photocopies
- E-mail (give address): \_\_\_\_\_
- Website posting
- Other (please specify): \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**RETURN COMPLETED FORM TO:**  
TAZEWELL COUNTY PUBLIC SCHOOLS  
506 Jeffersonville Street  
Tazewell, VA 24651