

County of Fairfax, Virginia

To protect and enrich the quality of life for the people, neighborhoods and diverse communities

FOIA Request Form

Pursuant to Code of Virginia 2.2-3700, the Virginia Freedom of Information Act (FOIA), citizens have the right to access public records with specific exemptions. **Please print the information below.** Some of this information is voluntary and becomes part of the Health Department's public records. Providing the information requested below will assist the Health Department in fulfilling your request promptly and accurately. More information about FOIA is posted online at www.fairfaxcounty.gov/opa/foia.htm.

*Name (*Required):	
*Requester's Address (*Required):	
Phone:	Fax:
Email:	Date:
Company/Organization:	
Requested Properties, if applicable (Records	can be searched only by full postal address or Tax Map ID):
Specific Information Requested:	
Check one: ☐ Print Requested Records ☐ Email Requested	d Records (when possible) Save Requested Records on a Computer Disk
in accessing, duplicating, supplying, or searching	pp. 2009)] permits reasonable charges not to exceed the actual cost incurred for the requested records. You may request an advanced estimate of the syment will be required prior to processing your FOIA request. An itemized
	d information and for special computer runs is calculated by staff time plying or searching for the requested records not to exceed actual cost. exceed ten pages.
Signature	Date
This section for Health Department staff only: ☐ FOIA request taken by phone, form filled out by	Charges explained to caller? YES ☐ NO ☐
FHD-ADM-40	July 2010

To request this information in an alternate format, call the Health Department at 703-246-2411; TTY 703-591-6435.

