



TOWN OF BLUEFIELD  
FOIA REQUEST FORM

FULL NAME: \_\_\_\_\_  
LEGAL ADDRESS: \_\_\_\_\_  
PHONE: (HOME) \_\_\_\_\_ (CELL) \_\_\_\_\_  
EMAIL: \_\_\_\_\_

I AM REQUESTING THE FOLLOWING RECORDS FROM THE TOWN OF BLUEFIELD:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ I PERMIT CHARGES UP TO \$20.00 **OR** \_\_\_\_\_ NOTIFY ME OF ALL CHARGES  
I WILL PICK UP THESE RECORDS AT 427 VIRGINIA AVENUE (TREASURER'S OFFICE) IN BLUEFIELD, VIRGINIA.  
PLEASE MAIL THE REQUESTED RECORDS TO THE ADDRESS SHOWN ABOVE.  
PLEASE EMAIL THE REQUESTED RECORDS TO THE EMAIL ADDRESS SHOWN ABOVE.

PRINTED NAME SIGNATURE DATE

**FOR OFFICE USE ONLY**

Received By:  Mail  Fax  In person  Email Date Received: \_\_\_\_\_

Are the requested records exempted from disclosure?  Yes  No If yes, state the reason and the applicable exemption code section:

DISCLOSURE AUTHORIZED BY: \_\_\_\_\_ TOWN MANAGER DISCLOSURE REVIEWED BY: \_\_\_\_\_ TOWN ATTORNEY

RECORDS COLLECTED BY: \_\_\_\_\_ NAME & TITLE TIME INVOLVED DATE COLLECTED

COSTS (COPIES, CDS, ETC.): \_\_\_\_\_

\_\_\_\_\_  
TOWN CLERK

\_\_\_\_\_  
DATE