



DEPARTMENT OF PUBLIC UTILITIES

730 E. Broad Street, 6th Floor
Richmond, VA 23219-1850
804.646.5200 Fax: 804.646.2870

REQUEST TO INSPECT, COPY, OR REPRODUCE PUBLIC RECORDS

Pursuant to the Virginia Freedom of Information Act

PLEASE PRINT LEGIBLY

DATE _____ PHONE _____

PERSON REQUESTING _____ EMAIL _____

MAILING ADDRESS (Include Zip code) _____

RECORDS REQUESTED INCLUDING PROPERTY ADDRESS AND/OR SUBJECT MATTER

Please be as specific as possible to help us more quickly locate the records.

PROPERTY ADDRESS _____

SPECIFIC SUBJECT MATTER (*Attach request, if necessary*) _____

MANNER OF COMPLIANCE (Choose one)

- Copies
- Review
- Review and Copies

MANNER OF DELIVERY

- By Mail to Address Above
- In Person at Our Office
- Other

I understand that I may review a copy of the Virginia Freedom of Information Act, VA Code Ann. §§ 2.2-3700 through 2.2-3714 upon request. I acknowledge that the Act allows the city (5) working days to respond to this request. I agree to pay reasonable charges that the city may make for its actual cost incurred in accessing, duplicating, supplying (including mailing), or searching for the records I have requested before receiving any records.

SIGNATURE OF PERSON REQUESTING RECORDS

ESTIMATE OF COST (To be completed by the Department of Public Utilities with final copy provided to requester with response)

• Copies (each page)	_____	\$0.30	\$	_____
• Research (per hour)	_____			_____
(Based on degree of research involved)	_____		\$	_____
• Mailing Cost (letter or bulk)	_____		\$	_____
• TOTAL ESTIMATE	_____		\$	_____

FOR OFFICE USE ONLY

DATE OF COMPLIANCE _____ RECEIPT # _____ AMT. PD. _____

NAME AND SIGNATURE _____