



Freedom of Information Act Request Form

Department of Planning & Development Review, Bureau of Permits and Inspections
900 East Broad Street, Room 108

Richmond, Virginia 23219

Office: (804) 646-4169

<https://www.rva.gov/planning-development-review/permits-and-inspections>

PLEASE PRINT LEGIBLY:

DATE: _____ PHONE: _____

PERSON REQUESTING: _____ E-MAIL: _____

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: _____

(Property Owner's name must be provided for each year prior to 1946)

SPECIFIC SUBJECT MATTER: _____

MANNER OF COMPLIANCE (Choose one):

_____ Electronic (PDF File)

_____ Paper Copies

MANNER OF DELIVERY:

_____ By Mail to Address Above

_____ Email PDF documents to email address above

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 five (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 Bureau of Permits & Inspections with final copy provided to requester with response):

- Copies (each page): _____ @ \$ 0.25 = \$ _____
- Research (per hour): _____ @ \$ 15.15 = \$ _____
- Monthly Report (each) _____ @ \$ 15.00 = \$ _____
- Mailing Cost (letter or bulk): _____ @ \$ 2.50/5.00 = \$ _____
- TOTAL ESTIMATE: _____ = \$ _____

❖ Fees for copies of large plans are not included in the price estimates above. Copies of large plans that cannot be reproduced by the City will be sent to ARC Document Solutions. ARC Document Solutions charges a delivery fee for plans to be pickup and returned to the city in addition to the charges for any copies requested by the applicant.

BUREAU OF PERMITS AND INSPECTIONS USE ONLY

DATE OF COMPLIANCE: _____ RECEIPT #: _____ AMT. PD. = \$ _____

NAME (print): _____ SIGNATURE: _____