



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 complete and submit this form to PDR.FOIA@rva.gov

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): _____ @ \$ 22.00 = \$ _____
- TOTAL ESTIMATE: _____ = \$ _____

❖ Facilitation will be undertaken by the lowest waged personnel capable of providing fulfillment. Further, all other costs related to the fulfillment will follow the guidance contained in the City of Richmond's proprietary FOIA Tracking software, in keeping with the Administrative Regulations governing such activities.

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BUREAU OF PERMITS AND INSPECTIONS USE ONLY

DATE OF COMPLIANCE: _____ RECEIPT #: _____ AMT. PD. = \$ _____
NAME (print): _____ SIGNATURE: _____