

## REQUEST FOR PUBLIC RECORDS

Name \_\_\_\_\_

Address \_\_\_\_\_

E-mail address \_\_\_\_\_

Phone: \_\_\_\_\_

I am a (check one):

- ☐ Citizen of the Commonwealth of Virginia  
☐ Member of the Press referenced in Va. Code  
 §2.2-3704  
 News Organization \_\_\_\_\_

Identification must be presented prior to inspection of records or receipt of copies. A photocopy of identification is acceptable with a mailed/faxed request.

**STAFF USE ONLY**

Date Request Received: \_\_\_\_\_

Request was made (check one)

- ☐ by requester on this form  
☐ by telephone  
☐ in writing other than on form  
 (attach original request)

Date Response Sent: \_\_\_\_\_  
 (attach copy)

☐ Identification Verified

Type: \_\_\_\_\_

Number: \_\_\_\_\_

☐ Itemized Cost Estimate Attached

I am requesting access to the following records (please be as specific as possible, and attach additional paper if necessary):

\_\_\_\_\_

Reasonable costs may be assessed in connection with this request. A current schedule of costs appears in Regulation KBA-R.

In addition, the requestor may ask for an advance determination of the cost of the request. Please indicate here if you would like an advance determination of cost. Yes \_\_\_ No \_\_\_ (If > \$ \_\_\_\_\_)

If you are requesting copies, please specify the format in which you would like to receive them. Cumberland County school division will provide the record(s) in the requested format if that medium is used by it in the regular course of its business.

Specify format desired (if available):

- ☐ Photocopies                      ☐ E-mail (give address): \_\_\_\_\_  
☐ Website posting                      ☐ Other (please specify): \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**RETURN COMPLETED FORM TO:**

Cumberland County Public Schools  
 P. O. Box 170  
 Cumberland, VA 23040