

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)
<input type="checkbox"/> by requester on this form
<input type="checkbox"/> by telephone
<input type="checkbox"/> in writing other than on form (attach original request)
Date Response Sent: _____
(attach copy)
<input type="checkbox"/> Identification Verified
Type: _____
Number: _____
<input type="checkbox"/> 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. If the costs associated with this request are expected to exceed \$200, the requestor will be asked to pay the estimated costs before the request is processed.

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 you are requesting copies, please specify the format in which you would like to receive them. Southampton 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:
Southampton County Public Schools—P.O. Box 96, Courtland, VA 23837

**RECORD OF INSPECTION and/or
DELIVERY OF COPIES**

Inspection of Public Records

Date _____ Time In _____ Time Out _____

Person Inspecting Records

Name Signature

Staff Person in Attendance

Name Signature

Records Reviewed (describe)

Copies of Public Records

<u>Record</u>	<u>No. Pages</u>	<u>Delivery Method</u> <u>(mail, e-mail,</u> <u>etc.)</u>	<u>Date of Delivery</u>	<u>Cost (if any)</u>	<u>Date and</u> <u>Method of</u> <u>Payment</u>
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Staff Person Providing Copies _____
Name Signature