AT OF RICHMO	Freedom of 1	Information Act Request Form			
C + + + + + + + + + + + + + + + + + + +	Department of Planning & Development Review, Bureau of Permits and Inspections 900 East Broad Street, Room 108 Richmond, Virginia 23219 Office: (804) 646-4169 <u>https://www.rva.gov/planning-development-review/permits-and-inspections</u>				
PLEASE PRINT LEGIBLY:					
DATE:	PHONE:				
PERSON REQUESTING:					
MAILING ADDRESS (include	e zip code):				
		RESS AND/OR SUBJECT MATTER			
(Please be as specific as possibl	e to help us more quicklyloca	te the records):			
PROPERTY ADDRESS: (Property Owner's name must be provid	ed for each year prior to 1946)				
SPECIFIC SUBJECT MATTI	2 <b>R:</b>				
MANNER OF COMPLIANCI	E (Choose one):	MANNER OF DELIVERY:			
Electronic (PDF File)	1	By Mail to Address Above			
Paper Copies		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:		= \$	
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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:	