



**TOWN OF ABINGDON, VIRGINIA
REQUEST FOR RECORDS PURSUANT TO
VIRGINIA FREEDOM OF INFORMATION ACT
OFFICE OF THE TOWN ATTORNEY**

INSTRUCTIONS

This REQUEST FOR RECORDS PURSUANT TO VIRGINIA FREEDOM OF INFORMATION ACT form may be returned by mail, fax (276-698-3328), emailed, hand-delivered to the Office of the Town Attorney, 133 West Main Street, P O Box 789, Abingdon, Virginia 24212-0789. The Town of Abingdon shall provide a response to this Request in accordance with the provisions of the Virginia Freedom of Information Act §2.2-3700, *et. seq.*, of the Code of Virginia, 1950, as amended.

REQUESTING PARTY INFORMATION:

Name: _____

Mailing Address: _____
(Only information necessary to respond to this Request need be provided)

Area Code & Contract Number

Email

INFORMATION REQUESTED:

I hereby request copies or access to the following records pursuant to the Virginia Freedom of Information Act:

Signature of Requesting Party

Date of Request