



# TOWN OF AMHERST

## FREEDOM OF INFORMATION REQUEST FORM

Once completed the form can be mailed to:

Town of Amherst  
P. O. Box 280  
Amherst, VA 24521

Individual and organization initiating the request:

Print Name		Organization			
Address		City	State	Zip	
Signature		Telephone (include area code)		Email Address	
Information sought/requested					
<input type="checkbox"/> I agree to pay up to \$200.00 for copying costs. <input type="checkbox"/> Please provide a cost estimate before providing copies.					
<b>For office use only. (This section to be completed by the Town of Amherst staff.)</b>					
Received by		<input type="checkbox"/> Mail	<input type="checkbox"/> Letter	<input type="checkbox"/> Fax	<input type="checkbox"/> In person
Date information due (5 work day limitation)			Extra time required? <input type="checkbox"/> Yes (max 7 work days) <input type="checkbox"/> No		
Is information requested excluded by Code? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, state the reason and applicable code section					
Comments					
Signed by		Title		Date	