



VIRGINIA FREEDOM OF INFORMATION ADVISORY COUNCIL
COMMONWEALTH OF VIRGINIA

REQUESTER PUBLIC COMMENT FORM

Please give us your feedback regarding the quality of assistance you received in regard to your request for public records.

1. Name of the public body from which you requested public records:

2. Date of the request: _____

3. Response you received (please check below):

- Records were provided
- Records were provided in part, but denied in part
- Request was denied
- No response was received
- Other:

4. Overall, how satisfied were you with the response you received?

Not satisfied		Acceptable		Fully satisfied
1	2	3	4	5

COMMENT _____

5. Did you make your request through the public body's FOIA officer (yes/no)? _____

If so, how easy was it for you to find contact information to make your request?

Easy				Difficult
1	2	3	4	5

COMMENT _____

6. Were you charged for your request (yes/no)? Yes No

If the answer was "yes," did you feel the charges were reasonable (yes/no)? Yes No

COMMENT _____
