

119 Belleview Avenue, Orange Virginia 22960 - 1401 Phone: (540) 672-5005 Fax: (540) 672-4435 Email: townmanager@townoforangeva.org

REQUEST FOR INFORMATION FORM

Every effort will be made to expedite your request for information within Five (5) working days. Please be aware that some requests may involve duplicating large volumes of material or require lengthy research, therefore a charge may be incurred. If the estimated charge exceeds \$200.00, the Town will notify the individual of the charge before the request is processed. Please note: Notification and Commitment of payment, in such cases, must be made by the requestor in order for the information request to be completed.

Name:			
Address:			
Phone: Home -	Work	Fax	
I am requesting the following inform	ation:		
[] I will pick up this information [] I would like this information to			
Date		Signature	<u>-</u>
	FOR OFFICE US	SE ONLY	
Authorized By:			
Greg Woods (date) Town Manager	or	Gail S. Marshall Town Attorney	(date)
FOIA Request Completed By:			
Date:			
Information mailed or picked up on	'A Main Street Co &		
	'A Main Street Co	mmunity"	