

Lancaster Sheriff's Office
8293 Mary Ball Road, Lancaster, VA 22503
Fax 804-462-7046 Email foia@lancastersheriff.net

FREEDOM OF INFORMATION ACT REQUEST FOR RECORDS

Please complete the following to ensure that your request for records is answered fully. Virginia law allows the sheriff's office to require you to provide your name and legal address. *Facsimile machine errors do not constitute your request as being received. Requests sent by facsimile are not considered received until the request is printed out automatically. Email requests are not considered received until the email is opened.*

I, _____, am requesting to

Printed Legal Name

____ REVIEW or ____ RECEIVE COPIES of the following records:

The date range of the records is from _____

Beginning Date and Time

through _____ .

Ending Date and Time

My mailing address is _____

My contact telephone number is _____ if there are any questions about my request.

Please e-mail the records to me at _____ .

Signature of Person Making This Request

Date of Request

***** Do Not Write Below This Line*****

Date and Time Received _____

Designated FOIA Officer Answering This Request

Date Completed