

 $\mathbf{V}_{\text{IRGINIA}} \text{ Freedom of Information Advisory Council}$

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 th	e nublic	hody	from	which	VOIL	request	r he	nublic	records:
T.	Traine	or un	e public	DOUY	ITOIL	which	you.	request	eu j	public	records:

 2. Date of the request:										
									 □ 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 \Box No \Box										
COMMENT										

7. ADDITIONAL COMMENTS: _____

OPTIONAL: You may provide your name and contact information if you wish. It is not required. Please keep in mind that any information you provide may be subject to disclosure under FOIA, so please do not provide information you do not wish to be made public.

Name:	 	 	
Address:	 	 	
Telephone:			
T 11			
Email:			

You may send your completed form to the public body that is the subject of your comments and/or to the FOIA Council. To send your completed form by mail, facsimile or electronic mail to the FOIA Council, please use the following contact information:

Virginia Freedom of Information Advisory Council Pocahontas Building, 10th Floor 900 East Main Street, Richmond, Virginia 23219 Email: <u>foiacouncil@dls.virginia.gov</u> Fax: 804-698-1899 Telephone: (804) 698-1810 or (866) 448-4100 (toll free)