



County of Fairfax, Virginia

To protect and enrich the quality of life for the people, neighborhoods and diverse communities

FOIA Request Form

Pursuant to Code of Virginia 2.2-3700, the Virginia Freedom of Information Act (FOIA) citizens have the right to access public records with specific exemptions. Please fill out this form to ensure your request is fulfilled accurately. More information about FOIA is posted online at <https://www.fairfaxcounty.gov/publicaffairs/foia/>. **PLEASE PRINT THE REQUESTED INFORMATION BELOW.**

REQUESTER INFORMATION		
Name:	Phone:	
Fax:	Email:	
Company/Organization:		
Requester's Address:		
City:	State:	Zip:
Preferred Delivery Method <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/> Pick up		
Records Requested (Please be specific about the records you are requesting, and include full postal address or Tax Map ID)		

Charges
VFOIA permits a public body to make reasonable charges not to exceed the actual cost incurred in accessing, duplicating, supplying, or searching for the requested records. You may request an advance estimate of the charges. If the estimated charges exceed \$200, payment may be required prior to processing your FOIA request.

Signature: _____ **Date:** _____

Paper Size	Color/B&W	Cost
8 1/2 x 11 (letter)	Black & White	\$0.13 per page
8 1/2 x 14 (legal)	Black & White	\$0.13 per page
11 x 17 (ledger)	Black & White	\$0.14 per page
24 x 36 (plat)	Black & White	\$6.00 per page
8 1/2 x 11 (letter)	Color	\$0.19 per page
8 1/2 x 14 (legal)	Color	\$0.19 per page
11 x 17 (ledger)	Color	\$0.20 per page
Digital Medium		
Compact Disc		\$0.50 per disc

You may submit completed form to health@fairfaxcounty.gov, by fax to 703-653-9463, or to below address by mail or in person.

OFFICE USE ONLY		
Received by: _____	Date: _____	
Intake Method: <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/> Phone <input type="checkbox"/> Walk-in		
Charges explained to requester? <input type="checkbox"/> YES <input type="checkbox"/> NO		
FOIA #: _____	Date Completed: _____	Total Fee: \$ _____

FHD-ADM-40

February 2018

To request this information in an alternate format, call the Health Department at 703-246-2411; TTY 711

Fairfax County Health Department
 10777 Main Street, Suite 203
 Fairfax, VA 22030
 703-246-2411 • FAX: 703-653-9463
www.fairfaxcounty.gov/health

