

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 wa	s it for	you to find contact information to make your reque	st?
Easy				Difficult	
1	2	3	4	5	

COMMENT_____

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

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:			
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)