

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. Nam	ne of the public body from which you requested public records:
2. Date	e of the request:
3. Resp	oonse 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:
	rall, 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. Wer	re you charged for your request (yes/no)? Yes □ No □
-	If the answer was "yes," did you feel the charges were reasonable (yes/no)? Yes \square No \square
	COMMENT

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: foiacouncil@dls.virginia.gov Fax: 804-698-1899

Telephone: (804) 698-1810 or (866) 448-4100 (toll free)