

REQUEST FOR PUBLIC RECORDS

STAFF USE ONLY

Name _____
Address _____

Phone _____

I am a (check one):
 Citizen of the Commonwealth of Virginia
 Member of the Press Referenced in § 2.1-342
News Organization _____

**OFFICIAL PHOTO IDENTIFICATION
MUST BE PRESENTED PRIOR
TO INSPECTION OF RECORDS
OR RECEIPT OF ANY COPIES**
(PHOTOCOPY ACCEPTABLE WITH MAILED/FAXED REQUEST)

Date Request Received: _____
Request was made (check one)
 by requester on this form
 by telephone
 in writing other than on form
(attach original request)
Date Response Sent: _____
(attach copy)
 Identification Verified
Type: _____ Number: _____
Date Inspection Made: _____
(attach record)
 Itemized Cost Statement Attached

I am requesting access to the following records (please be as specific as possible, and attach additional paper if necessary):

Reasonable costs for copying, search, and computer time may be assessed in connection with this request. A current schedule of costs appears in Regulation KBA-R.

Specify format desired (if available):

Photocopies E-mail (give address): _____
 Website posting Other (please specify): _____
 Check this box to request an advance determination of cost.

Signature

Date

RETURN COMPLETED FORM TO:
SCOTT COUNTY PUBLIC SCHOOLS
340 East Jackson Street
Gate City, VA 24251