



FREEDOM OF INFORMATION ACT

Request for Public Records
Section 2.1-342(a), Code of Virginia

FOIA FILE NO: _____

- 1. Public Body: _____
- 2. Department: _____
- 3. Date of this request: _____
- 4. Individual requesting information:

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone: (hm) _____ **(wk)** _____

- 5. Records Requested (the particular record or records must be described with reasonable specificity):

Type of Record: _____

Date of Record(s): _____

Description of Record(s):

- 6. Signature of Requestor:

- 7. Request Received By:

Mail/Fax/Deliver To:

Bernard Pishko, City Attorney
City Hall Building
810 Union St., Ste. 908
Norfolk, VA 213510
Phone: 664-4529 Fax: 664-4201