City of Suffolk FOIA Request Form

Request Receipt Date: _____ Time: _____
Form completed by: _____
Name: _____
Email Address: _____
Address: _____
_____
Telephone Number(s) _____ /_____

Nature of Request:
_____
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_____
_____
_____

Received in FOIA Office by: _____
Date: _____ *Time:* _____

Response Completed by: _____
Date: _____ *Time:* _____

City of Suffolk
FOIA Office
P.O. Box 1858
Suffolk, VA 23439
757.514.4103