

Suffolk Commonwealth's Attorney's Office's
FOIA Request Form

Request Receipt Date: _____ Time: _____

Form completed by: _____

Name: _____

Mailing Address: _____

Telephone Number(s) _____ / _____

Email Address: _____

Nature of Request:

Do you require a cost estimate prior to a response being provided? YES ___ NO ___

Received in FOIA Office by: _____

Date: _____ *Time:* _____

Response Completed by: _____

Date: _____ *Time:* _____

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