

# CITY OF ALEXANDRIA



## Freedom of Information & Privacy Protection Form

Once completed the form can be mailed to:  
Citizen Assistance Office  
P.O. Box 178  
Alexandria, VA 22313  
or faxed to #703-838-6426

### Individual/Organization Initiating request:

Print name	Organization		
Address	City	State	Zip
Signature	Telephone (include area code)		

### Information sought/requested

I authorize charges up to \$20.00  Notify all charges before copying

### For office use only. (This section to be completed by staff)

Received by	<input type="checkbox"/> Mail	<input type="checkbox"/> Letter	<input type="checkbox"/> Fax	<input type="checkbox"/> In person
-------------	-------------------------------	---------------------------------	------------------------------	------------------------------------

<b>Date information due</b> (5 work day limitation)	<b>Extra time required?</b> <input type="checkbox"/> Yes (max 7 work days) <input type="checkbox"/> No
--	--

<b>Is information requested excluded by Code?</b> If yes, state the reason and applicable code section	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

**Comments**

Signed by	Title	Date
-----------	-------	------