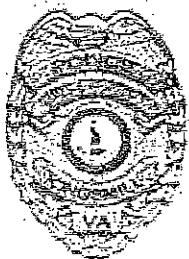


Date/Time Received: _____



Kingsmill Police Department, Inc.

Freedom of Information Form

Once completed the form can be Mailed to: KMPD - FOIA Requests
309 McLaws Circle, Suite D
Williamsburg, VA 23185

Faxed to: 757-603-6005 ATTN: KMPD - FOIA Request

Emailed to: foia@kingsmillpolice.org

Hand delivered to: KMPD FOIA Coordinator
309 McLaws Circle, Suite D
Williamsburg, VA 23185

Individual/Organization Initiating Request:

Name:		Organization:	
Address:		City:	State: Zip:
Signature:		Telephone (Include Area Code):	
Email Address:			
Records Sought/Requested:			
<input type="checkbox"/> I authorize charges up to \$25. <input type="checkbox"/> Notify me of all estimated charges before proceeding.			
For Office Use Only. (This section to be completed by staff)			
Received By:	Mail <input type="checkbox"/>	Email <input type="checkbox"/>	Fax <input type="checkbox"/> In Person <input type="checkbox"/>
Date Information Due: (5 Work Day Limitation)	Extra Time Required? <input type="checkbox"/> Yes <input type="checkbox"/> No Plus 7 Date:		
Are records requested excluded by Code? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, state the reason and applicable Code Section:			
Comments:			
Signed By:		Title:	Date:

Rev.:2/2016