



VIRGINIA FREEDOM OF INFORMATION ADVISORY COUNCIL
COMMONWEALTH OF VIRGINIA

REQUESTER PUBLIC COMMENT FORM

Please give us your feedback regarding the quality of assistance you received in regard to your request for public records.

1. Name of the public body from which you requested public records:

2. Date of the request: _____

3. Response you received (please check below):

- Records were provided
- Records were provided in part, but denied in part
- Request was denied
- No response was received
- Other:

4. Overall, how satisfied were you with the response you received?

Not satisfied		Acceptable		Fully satisfied
1	2	3	4	5

COMMENT _____

5. Did you make your request through the public body's FOIA officer (yes/no)? _____

If so, how easy was it for you to find contact information to make your request?

Easy				Difficult
1	2	3	4	5

COMMENT _____

6. Were you charged for your request (yes/no)? Yes No

If the answer was "yes," did you feel the charges were reasonable (yes/no)? Yes No

COMMENT _____

7. ADDITIONAL COMMENTS:

OPTIONAL: You may provide your name and contact information if you wish. It is not required. Please keep in mind that any information you provide may be subject to disclosure under FOIA, so please do not provide information you do not wish to be made public.

Name: _____

Address: _____

Telephone: _____

Email: _____

You may send your completed form to the public body that is the subject of your comments and/or to the FOIA Council. To send your completed form by mail, facsimile or electronic mail to the FOIA Council, please use the following contact information:

Virginia Freedom of Information Advisory Council
Pocahontas Building, 10th Floor
900 East Main Street, Richmond, Virginia 23219
Email: foiacouncil@dls.virginia.gov Fax: 804-698-1899
Telephone: (804) 698-1810 or (866) 448-4100 (toll free)