



County of Louisa, One Woolfolk Avenue, Suite 301, Louisa, VA 23093  
(540) 967-3400 ~ Toll Free (866) 325-4131 ~ Fax (540) 967-4587

**FREEDOM OF INFORMATION ACT  
REQUEST FOR RECORDS**

Name of Requestor: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Request Date: \_\_\_\_\_ Please fill out the information below and mail/email to:

FOIA Officer  
Attn: Louisa County Administrator [FOIA@louisa.org](mailto:FOIA@louisa.org)  
One Woolfolk Avenue, Suite 301  
Louisa, VA 23093

**REQUESTED INFORMATION:**

Please specify below the specific records which you are requesting, including Tax Map and Parcel numbers for land records. Note that FOIA requests are only for existing information.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By submitting this request I am aware that State Law allows the County of Louisa five (5) business days to respond to a request for information. The County of Louisa is allowed to charge me for the cost of accessing, searching, supplying and duplicating requested records. If the charge for providing the requested records is likely to exceed \$200, I will be required to pay a deposit in advance up to this amount. Costs may include: printed copies @ .50 cents per page, hourly staff pay rate, standard USPS postage rate, and \$2 for CD disc. In conformance with the authority provided by (Va. Code §2.2-3704(F)), it is the policy of the County of Louisa to recover the costs of accessing, duplicating, supplying, or searching for records.

I agree to pay this cost but wish to receive an estimate of the cost first if it exceeds \$ \_\_\_\_\_

\_\_\_\_\_  
**REQUESTOR SIGNATURE**

\_\_\_\_\_  
**DATE**

OFFICE USE ONLY

Date Received:		Received By:	
Date Completed:		Date Information Sent:	
Cost:	Date Paid:	Cash/Check:	
Notes:			