



## CITY OF MANASSAS

### Freedom of Information & Privacy Protection Form

Individual/Organization initiating request

<b>Print name</b>		<b>Organization</b>		
<b>Address</b>		<b>City/State/Zip</b>		
<b>Signature</b>		<b>Telephone (include area code)</b>		
<b>Information sought/requested</b>				
<input type="checkbox"/> I authorize charges up to \$20.00. <span style="margin-left: 200px;"><input type="checkbox"/> Notify of all charges before copying.</span>				
<b>FOR OFFICE USE ONLY. (This section to be completed by staff.)</b>				
<b>Received by</b>	<b>Mail</b>	<b>Letter</b>	<b>Fax</b>	<b>In person</b>
<b>Date</b>				
<b>Date information due (5 work day limitation)</b>		<b>Extra time required?    Yes    No (max 7 work days)</b>		
<b>Is information requested excluded by Code? Yes    No</b>		<b>If yes, state reason and applicable code section.</b>		
<b>Comments</b>				
<b>Signed by</b>		<b>Title</b>		<b>Date</b>