



CORPORATION OF HARPERS FERRY

Freedom of Information Act (FOIA) Request Form

1000 Washington Street • PO Box 217, Harpers Ferry, West Virginia 25425
Tel. 304-535-2206 • Fax 304-535-3046 • foia@harpersferrywv.us

APPLICATION MUST BE COMPLETE FOR PROCESSING.

The Corporation of Harpers Ferry (the "Town") is committed to transparency in government. Pursuant to West Virginia Code § 29B-1-1 *et seq.*, public records are available to every person for inspection or copying when there has been a request made to the custodian of records, and when those records are not specifically exempted from disclosure by WV Code § 29B-1-4. The request must identify the records the citizen is seeking "with reasonable specificity" as required by WV Code § 29B-1-3(d). The request must be specific enough for existing records to be identified and located. If a record does not exist, under FOIA, the Town is not required to create a new record.

The Town must respond to your request within five working days of receipt by either granting the request or giving written reasons for its denial. "Day One" is the day *after* the request is received. The five-day period does not include weekends or holidays.

Requester's information					
Name					
Mailing address					
City		State		ZIP Code	
Telephone number					
Email address					

Preferred method of delivery			
<input type="checkbox"/> Email	<input type="checkbox"/> Hard copies	<input type="checkbox"/> Other (specify):	

Records requested (please be as specific as possible)

Pursuant to West Virginia Code § 29B-1-1 *et seq.*, I hereby request that the Corporation of Harpers Ferry make the following public records available for inspection and copying. I understand that the cost for providing photocopies is \$0.15 per page (Letter-size documents, 8.5" x 11"). Double-sided copies will be considered two separate copies. CDs / DVDs cost \$5.00 each; USB / Flash thumb drives are provided at retail cost. I agree that the provided information will not be used in any manner that violates or is inconsistent with Federal, State, or Municipal law.

I am willing to pay fees for this request up to a maximum of \$ _____. If you estimate that the fees will exceed this limit, please inform me first.

Signature _____ **Date of request** _____

FOR OFFICE USE ONLY	Received by	Date received	
Exempt materials? YES / NO	Receipt no.	Date complete	