

Harrison County Sheriff's Office

Freedom of Information Act (FOIA) Request Form

W. Va. Code §29B-1-1 et seq.

Harrison County • Clarksburg, West Virginia

INSTRUCTIONS

Complete all fields below and submit to the Harrison County Sheriff's Office FOIA Officer. Agencies are required to respond within five (5) business days of receipt. Requests may be submitted by email or by mail/in-person delivery.

1. REQUESTER INFORMATION

FULL NAME

ORGANIZATION / AGENCY (IF APPLICABLE)

MAILING ADDRESS

CITY, STATE, ZIP

PHONE NUMBER

EMAIL ADDRESS

2. DESCRIPTION OF RECORDS REQUESTED

Provide a reasonably specific description of the records you are requesting, including the type of record, approximate date range, and subject matter.

DESCRIPTION OF RECORDS REQUESTED

3. FEE ASSESSMENT & WAIVER

In order to help determine my status to assess fees, you should know that I am (select one):

- An individual seeking information for personal use.
- Affiliated with an educational or noncommercial scientific institution, and this request is made for a scholarly purpose.
- Affiliated with a private corporation and seeking information for use in the company's business.
- A representative of the news media/press and this request is made as part of news gathering and not for commercial use.
- Affiliated with a public interest group and this request is not for commercial use.

Please select only one category above.

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SECTION 3 (CONTINUED) — FEE ASSESSMENT & WAIVER

The maximum dollar amount I am willing to pay for this request is \$

Please notify me if the fees will exceed \$25.00 or the maximum dollar amount I entered.

- I request a waiver of all fees for this request. Disclosure of the requested information to me is in the public interest because it is likely to contribute significantly to public understanding of the operations or activities of the government and is not primarily in my commercial interest.

SPECIFIC EXPLANATION FOR WAIVER OF FEES (REQUIRED IF A WAIVER IS REQUESTED)

4. CERTIFICATION & SIGNATURE

I certify that the information provided in this request is true and accurate to the best of my knowledge. I understand that willfully providing false information in connection with a FOIA request may subject me to penalties under applicable law.

SIGNATURE

DATE (MM/DD/YYYY)

Sign above

SUBMIT COMPLETED FORM TO:

Harrison County Sheriff's Office — Attn: FOIA Officer

Email: SheriffFOIA@harrisoncountywv.gov

Response required within five (5) business days of receipt • W. Va. Code §29B-1-1 et seq.