

Cabell County 911 Freedom Of Information Act Request

Please complete form and return to:

FOIA ADMINISTRATOR
129 GALLAHER ST.
HUNTINGTON, WV 25705
P: 304-526-8555 F: 304-523-0320

Last Name: _____ First Name: _____

Company Name (If Applicable): _____

Current Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Mobile Phone: _____

Records Requested (Be Specific): _____

Reason For Request: _____

Preferred Delivery Method: Pickup Standard Mail Other: _____

*****RECORDS WILL NOT BE RELEASED UNTIL PAYMENT IS RECEIVED*****

Signature: _____ Date: _____

911 USE ONLY

Received By: _____

Pages: _____

Date Received: _____

CD's: _____

Date of Response: _____

Payment Date: _____

Action Taken: _____

Payment Amount: _____

Denial Reason: _____

Cash Check # _____