

# 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: \_\_\_\_\_

Date Received: \_\_\_\_\_

Date of Response: \_\_\_\_\_

Action Taken: \_\_\_\_\_

Denial Reason: \_\_\_\_\_

Pages: \_\_\_\_\_

CD's: \_\_\_\_\_

Payment Date: \_\_\_\_\_

Payment Amount: \_\_\_\_\_

Cash  Check # \_\_\_\_\_