TOWN OF CEREDO, WEST VIRGINIA
Freedom of Information Act Request

Please complete form and return to:
Town of Ceredo
Attn: City Clerk, FOIA Request
P.O. Box: 691 | Ceredo, WV 25507

Last Name:_____ First Name:_____

Company (If Applicable):_____

Mailing Address: _____

City:_____ State:_____ Zip: _____

Phone: _____ Email: _____

Records Requested – Be specific. Include the following: Address, Specific Dates & Times or a Date Range, and/or Name(s), Etc.

_____

_____

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_____

Reason for Request:_____

_____

_____

COPY FEE SCHEDULE:	
$20 per hour for search, retrieval and redaction time. $10.00 per disk $25.00 per flash drive $ .30 per B/W – Letter Size Printed $ .50 per Color – Letter Size Printed $ .50 per B/W – Legal Size Printed $ .75 per Color – Legal Size Printed ***Non- standard sizes will be billed at the actual cost to the city.	The Town of Ceredo only bills for its costs to fulfill each request. An invoice will be sent to you and payment is required in full before the public records are released to you. If the request is deemed to be of a large volume, requesters will be notified and given an opportunity to narrow their request or wll be required to pay a 50% deposit in advance before the request will be fulfilled. *Most requests will fit on one CD or Flash Drive, but large files may require a larger Flash drive or Multiple Disks.*

Preferred Delivery Method: ☐ Pickup in person ☐ Standard Mail Other _____

_____ _____
Signature Date

CLERK USE ONLY

Received By:_____ No. of Pages:_____

Date Received:_____ Delivery Method: ☐ Paper ☐ Electronic

Date of Response:_____ Payment Date:_____

Action Taken:_____ Payment Amount: $_____

_____ ☐ CASH ☐ CHECK #_____ ☐ CC