

**CITY OF KENOVA, WEST VIRGINIA**  
**Freedom of Information Act Request**



Please complete form and return to:

CITY OF KENOVA  
ATTN: CHIEF OF POLICE, ROBERT SULLIVAN  
P.O. BOX 268 | KENOVA, WV 25530

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Company Name (If Applicable): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Records Requested (Be Specific): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Preferred Delivery Method:  Pickup  Standard Mail  Other: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\*\*\*RECORDS WILL NOT BE RELEASED UNTIL PAYMENT IS RECEIVED IN FULL\*\*\*\*\***

Call for pricing details. Any documents provided by standard mail will be charged actual postage rate. Documents provided on flash drive will incur a fee of \$20 plus any additional fees owed.

**CLERK USE ONLY**

Received By: \_\_\_\_\_

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

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

Flash Drive(s): \_\_\_\_\_

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

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

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

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

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

CASH  CHECK # \_\_\_\_\_  CC