



# Office of the City Sheriff

5 North Kent Street • Winchester, Virginia 22601

Phone 540-667-5770 • Fax 540-667-6438

*Les R. Taylor, Sheriff*



## Request for records under the Virginia Freedom of Information Act

To: Sheriff, Les R. Taylor

From: \_\_\_\_\_  
(Printed Name Here)

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

Sheriff Taylor,

In accordance with the Virginia Freedom of Information Act (§ 2.2 -3700 et seq.), I am requesting copies of any records related to: (Please be detailed)

---

---

---

---

I would also like to request that all charges for supplying the records I have requested be estimated in advance. I understand that if you determine that the charges are likely to exceed \$200, I am obliged to pay that amount before you continue to process my request.

If you have any questions or require additional information in order to process my request, please do not hesitate to contact me at the phone number listed below. Thank you in advance for your cooperation in this matter.

Sincerely,

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

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

\_\_\_\_\_

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