



VIRGINIA FREEDOM OF INFORMATION ADVISORY COUNCIL  
COMMONWEALTH OF VIRGINIA

**REQUESTER PUBLIC COMMENT FORM**

Please give us your feedback regarding the quality of assistance you received in regard to your request for public records.

1. Name of the public body from which you requested public records:

\_\_\_\_\_

2. Date of the request: \_\_\_\_\_

3. Response you received (please check below):

- Records were provided
- Records were provided in part, but denied in part
- Request was denied
- No response was received
- Other:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Overall, how satisfied were you with the response you received?

Not satisfied		Acceptable		Fully satisfied
1	2	3	4	5

COMMENT \_\_\_\_\_

5. Did you make your request through the public body's FOIA officer (yes/no)? \_\_\_\_\_

If so, how easy was it for you to find contact information to make your request?

Easy				Difficult
1	2	3	4	5

COMMENT \_\_\_\_\_

6. Were you charged for your request (yes/no)? Yes  No

If the answer was "yes," did you feel the charges were reasonable (yes/no)? Yes  No

COMMENT \_\_\_\_\_



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