

**CITY OF LEWISBURG**  
**FREEDOM OF INFORMATION ACT REQUEST**

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_  
DAYTIME TELEPHONE: \_\_\_\_\_  
PURPOSE FOR GATHERING INFORMATION: \_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_, hereby request the release of the following information under West Virginia Code §29B-1-1. I understand that certain information is exempt from the Act, specifically those items set out in §29B-1-4, and if the information falls within the stated exceptions, that the City has no obligation to release such information to me. Information that is exempt for disclosure includes:

- A. Trade Secrets.
  - B. Information of a private and personnel nature, such as tax information, medical records, unpublished telephone numbers, etc.
  - C. Testing information.
  - D. Records of law enforcement agencies and their internal memorandums and notations relating to confidential investigative techniques and procedures.
  - E. Certain information relating to the regulation of financial institutions.
  - F. Certain documents and information relating to the location of historical, archeological and other such sites.
  - G. Information which is readily available from another source.
- The City has five (5) working days to respond to this request.

***I understand that there may be a photocopying charge or reproduction fee related to this request of 25¢ per page.***

Detailed description of requested information (please use back of form if needed):

\_\_\_\_\_  
\_\_\_\_\_

Dated this the \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Signature

Approved by the City Clerk this the \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
City Clerk

Total number of Pages _____
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Requested FOIA received by _____