

Agency Request for FOIA Data

This form is for INTERNAL USE ONLY. Agencies are required to use this form to assist in the recovery of electronic data for FOIA requests. If you do not enter accurate or required information, we may be unable to fulfill your data request.

Section 1. Requester Information

- 1. Supervisor or Manager Requesting FOIA Request: _____
- 2. Title: _____ 3. Agency: _____
- 4. Phone # _____ 5. Email: _____
- 6. Billable PAS # _____

Section 2. Subject of FOIA

- 1. Name(s) of Subject(s): _____

- 2. Email: _____ 3. UserID: _____

Section 3. Records Requested

1. Identify the information that you are seeking. Please provide as much specific detail as possible.

Section 4. Authorization

This section may ONLY be complete by the Agency's legal counsel approving the FOIA:

- 1. (Print) Name: _____ 2. Title: _____
- 3. Agency: _____
- 4. Email: _____ 5. Phone: _____
- 6. Signature: _____ 7. Date: _____

This form must be forwarded to the Chief Information Security Officer (CISO) along with ALL supporting documentation. Send by Fax: 304-957-0137 OR Mail: West Virginia Office of Technology, Building 5, 10th Floor, 1900 Kanawha Blvd., Charleston, WV 25305, Attn: CISO