

TOWN OF CEREDO, WEST VIRGINIA
Freedom of Information Act Request



Last Name: _____ First Name: _____

Company (If Applicable): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Records Requested – Be specific. Include the following: Address, Specific Dates & Times or a Date Range, and/or Name(s), Etc.

Reason for Request: _____

FEES:

The Town of Ceredo bills for actual cost of copies, times and materials required to fulfil your request. Once the cost has been determined, an invoice will be generated and sent. Invoices must be paid in full before any records will be released. The Town of Ceredo accepts cash, certified check, money order and credit cards for payment. Credit Card payments are subject to an additional fee of \$1 + 2.2%.

Preferred Delivery Method: Pickup in person Standard Mail Other _____

Signature _____ Date _____

CLERK USE ONLY

Received By: _____ No. of Pages: _____

Date Received: _____ Delivery Method: Paper Electronic

Date of Response: _____ Payment Date: _____

Action Taken: _____ Payment Amount: \$ _____

_____ CASH CHECK # _____ CC

Please complete form
and return to:

Postal Mail
Town Ceredo
Attn: City Clerk
P.O. Box: 691
Ceredo, WV 25507

Email:
jskeens@ceredowv.gov

In Person:
700 B Street
Ceredo, WV 25507

All questions should be directed to the City Clerk by email: cityclerk@ceredowv.gov or telephone: (681) 500-3100