

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:**  
[jakers@ceredovv.gov](mailto:jakers@ceredovv.gov)

**In Person:**  
700 B Street  
Ceredo, WV 25507