



FREEDOM OF INFORMATION ACT REQUEST

The State of West Virginia Offices of the Insurance Commissioner wishes to make it easy for you to request public records from this office. If you want to request a public record, please complete the form below.

We ask that you supply your name and full address as well as an e-mail address (if available) so that we can mail or e-mail the records you request. Also supply your daytime phone number in case we need to contact you for further information. Please use the REQUEST box to describe which records you desire. Please be as specific as possible to aid us in fulfilling your request. A written response will be sent to you within five (5) days of submitting your request, not including Saturdays, Sundays and legal holidays. Fees may apply. You may contact Legal Services regarding fees associated with this request.

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

E-MAIL ADDRESS: _____

DAYTIME PHONE: _____

DATE OF REQUEST: _____

REQUEST

Signature Line: _____

Print Name: _____

DATE STAMP HERE

If you have any questions, please contact Legal Services at (304) 558-0401.

