Freedom of Information Act (FOIA) Requests

Use the following form to request information under the Freedom of Information Act. Please be as specific as possible regarding names of individuals, business names, dates, places, events, subjects, etc. If known, you should include any file designations or descriptions for the records that you are seeking from the West Virginia State Fire Marshal's Office. Please refer to the text on this cover sheet as a guide to ensure proper processing of your FOIA request.

FOIA requests for Inspections Division:
(open fire code violations, inspection reports)

- Any current/former business names
- Full address, including county, city, state and zip

FOIA requests for Investigations Division:
(investigation reports for fires)

- Full address, including county, city, state and zip
- Date of incident
- Indication if you are the home owner/business owner

FOIA requests for Fire Department Services Division:
(information regarding fire departments)

- Full address, including county, city, state and zip
- Date of incident

To avoid delay, please be sure to display **"FOIA Request"** prominently on the envelope or fax cover sheet.

Send FOIA requests via mail to:

West Virginia State Fire Commission
Office of the State Fire Marshal
1700 MacCorkle Ave SE, Fourth Floor
Charleston, West Virginia 25314
Attention: FOIA Request

Send FOIA requests via fax to:
(304)558-2537

Send FOIA requests via email to:
SFMFOIA@wv.gov

Freedom of Information Act (FOIA) Request Form

* = Required Field

Today's Date: * _____

Are you requesting records on yourself? *

- ☐ Yes
- ☐ No

Please check the statement that is most applicable to you and this request: *

- ☐ An individual seeking information for personal use and not for commercial use.
- ☐ Affiliated with a private corporation or law firm and seeking this information for use in the company's business.
- ☐ A representative of the news media and this request is made as part of news gathering and not for commercial use.
- ☐ Affiliated with an educational or noncommercial scientific institution, and this request is made for a scholarly or scientific purpose and not for commercial use.

Requester Contact Information

Name (First, MI, Last): * _____
Business Name: (if applicable): _____
Address: * _____
City, State, Zip: * _____
Phone Number: * _____
Email: _____

Request Details

Dates applicable to request: * _____
Business Name (if applicable): _____
Address (if applicable): _____
City, County, State, Zip:_____
Description of request: * _____
_____
_____
_____
_____
_____

I understand that fees for document duplication are fixed at $0.15 per copy/image. No fees are charged if the amount of the request is under $10.00. I am willing to pay up to **$____.00 *** for the processing of this request. Please inform me if the estimated fees will exceed this limit before processing my request. I am seeking information for personal use and not for commercial use.