

(On letterhead from the subject's attorney)

Date

Breath Alcohol Section  
Department of Forensic Science  
700 N. 5<sup>th</sup> Street  
Richmond, Virginia 23219

RE: Commonwealth v. (Subject's name)  
Court date:  
Offense date:  
Instrument serial number:  
Operator's license number:

Please be advised that I am the attorney representing the accused person in the above-referenced matter. Under the provisions of the Virginia Freedom of Information Act, I am writing to request the following documents in reference to the above-captioned matter:

1. Subject Test Information.
2. Certificate of Instrument Accuracy.
3. Instrument Certification and Maintenance History.
4. Computer Generated Logs.
5. Instrument Location History.
6. Operator License Verification.
7. Quality Assurance packet for the Instrument Certification and Installation.

Sincerely,

NOTES:

1. The Operational Checklist /Breath Test Worksheet is located at the police department.
2. The "Monthly Preventative Maintenance Checklist" is not applicable to the Intox EC/IR II.
3. Letters should be faxed to 804-786-6139 or mailed to the address listed above.