

(On letterhead from the subject's attorney)

Date

Breath Alcohol Section
Department of Forensic Science
8850 Times Dispatch Boulevard, Suite 100
Mechanicsville, Virginia 23116

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 804-746-4467 or mailed to the address listed above.