



FREEDOM OF INFORMATION REQUEST

Requestor's Name: _____

Address: _____ **City, State, Zip** _____

Telephone #: _____ **Email:** _____

Company/Organization: _____

Records Sought (be as specific as possible, use additional sheets if necessary):

Are these records to be used for commercial purposes? _____ **Yes** _____ **No**

It is a violation of the Freedom of Information Act for a person to knowingly obtain a public record for commercial purpose without disclosing that it is for a commercial purpose, if requested by the public body. 5 ILCS 140.3.1(c).

Please indicate if you wish to inspect the above referenced records, wish a copy or both:

_____ **Inspection** _____ **Copy** _____ **Both**

Do you wish to have copies certified? _____ **Yes** _____ **No**

Signature of Requestor _____

The City will respond within five (5) business days of the receipt of the request.
(commercial requests will be responded to within thirty (30) days)

Fees: There is no charge for the first 50 pages of letter or legal sized paper copies. For any additional letter or legal sized pages requested beyond the first 50, a fifteen cent (15¢) per page copying fee will be added. Color or oversized copies will be charged to the requestor at actual cost. The cost of certification will be \$1.00.

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(For Official Use Only)

Date Request Received ____ / ____ / ____

Date Response Due ____ / ____ / ____

Number of Pages Copied: _____

Cost: _____

Notes:

