



## FREEDOM OF INFORMATION REQUEST

**Requestor's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**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.

**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 \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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