**FREEDOM OF INFORMATION ACT (FOIA)**

**REQUEST FOR PUBLIC INFORMATION**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To: Village Clerk – FOIA Officer

120 South Main St - P O Box 438

Port Byron IL 61275

Phone: 309-523-3705

Fax: 309-523-2710

From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **\_\_\_** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Address Phone Number

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **\_\_\_\_**  (**Check if reply requested by fax**)  
 City/State/Zip **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  
 Fax Number

**In the space below, please provide a *detailed description* of the information you are requesting (including, for example, date(s) of records, report number(s), type of record, parties involved, etc.:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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Do you wish to inspect the records only? Yes \_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_

Do you wish to pick up a copy of the records? Yes \_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_   
(There is no charge for the first 50 pages in black and white. Pages exceeding 50 will be charged at a rate of .15 cents a copy, to be paid upon receipt of records.)

Do you wish to have copies mailed to you? Yes \_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_

(There is no charge for the first 50 pages in black and white. Pages exceeding 50 will be charged at a rate of .15 cents a copy, to be paid upon receipt of records.)

Do you wish to have the copies certified? Yes \_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_  
(There is an additional charge of $1/document)

**NOTE: As provided by Illinois Statute, each request shall be answered (by approval, denial or request for additional time to respond) within five working days of the request. (5ILCS 140/3(c)). Your response will be provided via U.S. Mail unless arranged otherwise.**

**For Office Use Only: Date and time received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date and type of response: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**