

Freedom of Information Request

Requestor's Name (or Business Name)	Date of Request	Telephone Number
Street Address	City	State
		Zip Code
Request Submitted Via: <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email <input type="checkbox"/> In Person Certification Requested: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Description of Records Requested: (Please be as specific as possible)		

Is the reason for this request a "**Commercial Purpose**" as defined in the Act? Yes No

Do Not Write Below This Line -- For Departmental Use Only

A P P R O V E D	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>The document(s) requested on enclosed</p> <p>You may inspect the records at _____ at the specified date and time of _____</p> <p>The documents will be made available upon payment of copying costs of \$ _____</p> <p>For Commercial requests only, the estimated time when the documents will be available is _____, at the prepaid costs stated above.</p>
----------------------------------------------------	--------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

D E N I E D	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>The request creates an undue burden on the public body in accordance with Section 3 (g) of the Freedom Of Information Act and we are unable to negotiate a more reasonable request.</p> <p>The materials requested are exempt under Section 7 _____ of the Freedom Of Information Act for the following reasons: _____ _____ _____</p> <p>Name and Title of official determining the request to be denied: _____ _____</p> <p>In the event of a denial, you have the right to seek review by the Public Access Counselor at (217) 558-0486 or 500 South Second Street, Springfield, Illinois 62705 or you have the right to a judicial review under Section 11 of FOIA.</p> <p>Request delayed for the following reason(s) in accordance with 3 (e) of the FOIA _____ You will be notified by the date of _____ as to the action taken on your request.</p>
----------------------------------------	------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

NOTE: This form cannot be MANDATORY under FOIA, but it is preferred.
Failure to use this form may result in the request not being properly or promptly processed.

FOIA Officer	Date of Reply
--------------	---------------