Freedom of Information Request
Under the Illinois Freedom of Information Act (§5 ILCS 140/7)

PLEASE PRINT

NAME OF REQUESTER: ________________________________

REQUEST SUBMITTED BY: EMAIL U.S. MAIL FAX/PHONE IN PERSON

ADDRESS: __________________________________________ CITY:

STATE: _____ ZIP: _______ PHONE: __________________ EMAIL: __________________

PERSON OR ENTITY REPRESENTED: ________________________________

PUBLIC RECORD(S) REQUESTED (Provide names, addresses, dates, and any other information which will aid in responding to your request):

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

PLEASE SEND THE INFORMATION AS: ELECTRONIC COPIES PAPER COPIES

DO THE DOCUMENTS NEED TO BE CERTIFIED? YES NO

IS THIS REQUEST FOR A COMMERCIAL PURPOSE? 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 commercial purpose.)

UNLESS OTHERWISE NOTED, YOUR REQUEST FOR PUBLIC RECORDS WILL BE COMPILED WITHIN FIVE WORKING DAYS. PLEASE SUBMIT FOIA REQUESTS TO THE CITY CLERK’S OFFICE AT THE ADDRESS ABOVE. E-MAIL & FAX ARE ACCEPTED.

__________________________________________
SIGNATURE DATE

ACKNOWLEDGEMENT OF RECEIPT:
(Sign below only after receiving FOIA response) I acknowledge that the City of Danville has provided me with the above information.

__________________________________________
PRINTED NAME SIGNATURE DATE

OFFICE USE:
DATE RCVD. RCVD. BY FOIA#
DATE RESPONSE DUE DATE EXTENSION DUE
# PAGES (1ST 50 pages free) PD$ # PAGES CERTIFIED ($1.00 per document) PD$