

**CITY OF ARCOLA, ILLINOIS
FREEDOM OF INFORMATION ACT (FOIA)
REQUEST FORM**

Date: _____
 Requestor's Name: _____
 Company: _____
 Address: _____
 City, State, ZIP Code: _____
 Telephone Number (Between 8:00 a.m. – 4:30 p.m.) _____

Date Stamp Receipt

Is this request 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 a commercial purpose without disclosing that it is for a commercial purpose. (5ILCS 140/3.1(c))

Describe specifically the public records you are requesting:

Request to:

- | | | | |
|--------------------------|--------------------------|--------------------------|-------------------|
| <input type="checkbox"/> | Inspect Only | <input type="checkbox"/> | Inspect & Receive |
| <input type="checkbox"/> | Inspect & Receive Copies | <input type="checkbox"/> | Certified Copies |
| <input type="checkbox"/> | Receive Copies Only | <input type="checkbox"/> | Receive Certified |
| | | | Copies Only |

 Signature of Requestor

Return completed FOIA Request Form to: City of Arcola; City Clerk's Office 114 N. Locust, P. O. Box 215; Arcola, IL 61910 (Attn: FOIA); or Fax to 217-268-4968. The City Clerk's Office will respond to a request for non-commercial public records within 5 working days after receipt. If your request is denied, you may file an appeal with the PAC on the reverse side of this form.

Agreement to Extend:

If this request for records requires an extension of time for compliance, the City agrees to comply within _____. The requestor agrees with this extension by signing and dating the space below and returning this form to the above address.

 Date

 Signature

(FOR DEPARTMENT USE ONLY)

Last date to respond: _____

Your request for copies of public records has been complied on: _____
(Date)

Copies made: Yes No

Number of copies: _____ Fee paid \$: _____

Request submitted via: In- Person U. S. Mail Fax E-mail

NOTICE OF DENIAL

Your request for copies of public records has been denied on: _____

Based on the following: _____ (Date)

Names & Titles or Positions of each person responsible for the denial:

REQUEST FOR REVIEW RIGHT

Pursuant to law you are entitled to contact the Office of the Attorney General's Public Access Counselor (PAC) for a Request for Review on the decision of denying your request for certain information. Contact information for the PAC is: Cara Smith; Public Access Counselor; Office of the Attorney General; 500 S. 2nd Street; Springfield, Illinois 62706 or at: Phone: 312-814-5526 or 877-299-FOIA (877-299-3642) or at: publicaccess@atg.state.il.us.