

**FREEDOM OF INFORMATION ACT (FOIA)
REQUEST FOR PUBLIC INFORMATION**

Date: _____

For Office Use Only: Due Date: _____

City Clerk – FOIA Officer
100 E 9th Avenue
P O Box 170
Colona IL 61241-0170
Phone: 309-792-0571
Fax: 309-792-0586
Email: clerksoffice@colonail.com

From: _____
Name _____ Phone Number _____
Address _____ Fax Number _____
City/State/Zip _____ (Check if reply requested by fax)

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

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.

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 _____