



FOIA REQUEST  
 To: Freedom of Information Officer  
 City of Earlville  
 210 W. Railroad Street, Box 98  
 Earlville, IL 60518  
 Or fax to: 815-246-9599  
 Or email to: deputyclerk@earvilleil.org

Date of Request: \_\_\_\_\_

Request Submitted By: Email \_\_\_\_\_ US Mail \_\_\_\_\_ Fax \_\_\_\_\_ In Person \_\_\_\_\_

Name of Requester: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_-\_\_\_\_-\_\_\_\_ Fax: \_\_\_\_-\_\_\_\_-\_\_\_\_

Email \_\_\_\_\_

Records requested (be as specific as possible)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Do you want to inspect the documents? YES \_\_\_\_\_ NO \_\_\_\_\_

Do you want copies of the documents? 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 a commercial purpose without disclosing that it is for a commercial purpose, if requested to do so by the public body. 5 ILCS 140.3.1(c)).

Are you requesting a fee waiver? YES \_\_\_\_\_ NO \_\_\_\_\_

(If you are requesting that the public body waive any fees for copying the documents, you must attach a statement of the purpose of the request, and whether the principal purpose of the request is to access or disseminate information regarding the health, safety and welfare or legal rights of the general public. 5 ILCS 140/6(c)).

Signature of Requester: \_\_\_\_\_

Records received by: \_\_\_\_\_ Date: \_\_\_\_\_

Person receiving request: \_\_\_\_\_ Date Received: \_\_\_\_\_

**For FOIA Officer Use Only**

Date Received: \_\_\_\_\_ Date Response Due: \_\_\_\_\_

Request Number: \_\_\_\_\_ Signature of FOIA Officer \_\_\_\_\_