

Iroquois County

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Freedom of Information Act Request Form

Date: _____

Requestor's Name: _____

Company: _____

Address: _____

City, State, ZIP Code: _____

Telephone Number: _____

Email Address: _____

This is a request for information under the Illinois Freedom of Information Act, 5 ILCS 140.
I request the following document be provided to me. Be as specific as you can in identifying the documents or information you are seeking.

I would like to inspect these records in person.

I would like copies of these records.

I understand the Act permits a public body to charge a reasonable copying fee not to exceed the actual cost of reproduction and not including the cost of any search or review of the records, 5ILCS 140/6. (There is no fee for up to fifty pages of standard paper copies. For pages beyond fifty, there is a fifteen-cent-per-page charge.) I am willing to pay fees for this request up to a maximum of \$ _____. If you estimate the fees will exceed this limit, please inform me first.

I request a waiver of all fees for this request. Disclosure of the requested information to me is in the public interest because it is likely to contribute significantly to public understanding of the operations or activities of the government and is not primarily in my commercial interest. Include a specific explanation of why your request is in the public interest.

I look forward to hearing from you in writing within seven working days, as required by Act 5ILCS 140(3)

Requestor's Signature: _____