



REQUEST FOR COPIES OF PUBLIC RECORDS

Of the City of Jacksonville, Illinois
Under the Illinois Freedom of Information Act

Please type or print the following:

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Cell: _____

Pursuant to the provisions of the Illinois Freedom of Information Act, I hereby request to inspect and/or receive a copy of the following records: _____

Signature

Records requested will be made available within five (5) days from the date of this request. If the City is unable, or fails, to respond in five (5) days, the City may, for specific reasons, request an additional five (5) days to respond to a FOIA request. The City and the Requester may mutually agree to extend the time period for response.

Please specify manner in which you would like your request be provided:

Email: _____

Fax: _____

I will pick up the information within five (5) business days

Postal Service – Mail to: _____

(For Department/Office Use Only)

Attached please find a copy(ies) of the records requested.

The request for records is denied for the following reasons: _____

Copies Received: _____ Fee Charged: \$ _____

Signature: Department FOIA Officer

Date