

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



Date: _____

To: Amanda Rodell, FOIA Officer
Law Department, City Hall
619 16th Street, Moline, IL 61265
Phone: 309-524-2015 / Fax: 309-524-2020 / Email: arodell@moline.il.us

For Office Only:
Request No: _____ **Due Date:** _____

From: _____
Name _____
Address _____
City/State/Zip _____
Email Address _____

_____ Phone Number
_____ Fax Number

NOTE: Per Illinois statute, each request shall be answered by the City (by approval, denial or request for additional time to respond) within five (5) working days following receipt of the request. (5 ILCS 140/3(d)).

- **In the space below, please provide a detailed description of the information you are requesting.** (For example: date of incident, report number, type of incident/record, parties involved). Use a separate sheet of paper if additional space is needed to provide the detailed description.

- **Your response and a copy of the records will be provided by U.S. Mail unless otherwise indicated below.**
- **Please select ONE of the following alternate receipt options by placing a checkmark in the appropriate space:**

Do you wish ...

To inspect the records only? Yes _____ *or*
Note: You would not receive a copy of the records; you would only come to City offices to look at the records.

To pick up a copy of the records? Yes _____ *or*

* Records of 50 pages or less will be mailed or may be picked up at no cost with your response.
* Any additional pages over 50 will be charged \$.15 per page and you will be notified of the amount to be prepaid.

To receive a copy of the records by email (PDF format)? Yes _____ *or*
To receive a copy of the records by fax? Yes _____

• **Additional Option:**

Do you wish to have the records certified? Yes _____
Note: A certification is a document stating that the records being provided are a true copy of the requested records. A certification fee of \$1.00 applies and must be prepaid.

Signature

Office use only: Response/notes including ILCS information: _____
