

Request for Information
From the Village of South Jacksonville, Illinois
Under the Illinois Freedom of Information Act

Name (Please print): _____

Street Address: _____

City/State/Zip: _____

Home Phone: _____ Work Phone: _____

I hereby request to inspect/copy the following records: (List records sought to be inspected) Circle whichever choice is appropriate.

Is this a request for Commercial Purposes. _____ YES _____ NO

Commercial Purpose: The use of any part of a public record/records, or information derived from public records, in any form, for sale/resale/solicitation or advertisement for sales/services.

Month, day, year, time records requested: _____

Signature of individual making request: _____

I hereby verify that I received on the date so noted those records requested which are available for inspection under the Freedom Of Information Act.

Date: _____ Signature: _____

Office Use Only

The records so requested have been reviewed and are appropriate for release under the guidelines of the Illinois Freedom of Information Act.

Except for the following records: _____

Reasons access was denied to the above listed records (list names and titles of all persons authorizing denial and specify exact section of the Illinois FOIA which applies):

Signature, title and department of employee reviewing records:

_____ Date: _____

Of records requested, copies were provided of the following: _____

The records requested were presented to such an individual for inspections at:

_____ on the _____ day of _____
Time Date Month Year

Date Due: _____ Extension request Date: _____ New Date Due: _____

Signature, title and department of employee presenting records for inspections:

_____ Fee Collected: _____