City of Galena, Illinois

FREEDOM OF INFORMATION REQUEST

Date of request: _____

Name of person making request: _____

Address of person making request: _____

City, State, Zip: _____

Telephone Number: _____ E-Mail Address: _____

Please indicate if you wish to inspect the above captioned records or wish a copy of them.

☐ **Inspection** ☐ **Copy** ☐ **Both**

Do you wish to have copies certified? ☐ **Yes** ☐ **No**

Is this request seeking records for the purposes of furthering a commercial enterprise? ☐ **Yes** ☐ **No**

The Act defines "commercial purpose" as the use of any part of a public record or records or information derived from public records in any form for sale, resale, or solicitation or advertisement for sales or services.

Description of record(s) requested: _____

_____

_____

The City of Galena will respond to the above request within five (5) working days from the above date unless one or more of the seven (7) reasons for an extension of time provided for in Section 3(e) of the Act are invoked by the City.

_____
Signature of person making request

(ROUTING OF REQUEST - FOR OFFICE USE ONLY)

FOR COMPLETION BY FOIA OFFICER:

Date Received: _____ Date Response time expires: _____ Filed: _____

DEPARTMENT OR OFFICE:

☐ Administration ☐ Clerk ☐ Engineering ☐ Fire ☐ Police ☐ Public Works ☐ Zoning ☐ Other

Records Made Available: ☐ Yes ☐ No (Indicate Reason Below)

_____

_____

_____

Copies Made: ☐ **Yes** ☐ **No** How many? _____ - 50 Pages = _____ Copies @ .15 Ea = _____

_____ Date: _____
Signature

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