

CITY OF GALENA, ILLINOIS



Freedom of Information Request

Name: _____ Date of Request: _____

Address: _____
City State Zip

Phone #: _____ Email: _____

Indicate which way you would like the records: Inspections Copy Both

Do you wish to have the 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 of 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 are provided for in Section 3(e) of the act are invoked by the City.

Applicant's Signature Date

City of Galena Use Only

For completion by an FOIA officer:

Date Received: _____ Date response time expires: _____ Filed: _____

For department or office:

Administration Clerk Engineering Fire Police Public Works Zoning Other

Records made available: Yes No

If no, indicate reason: _____

Copies made: Yes No How many? _____ - 50 Pages = _____ Copies @ .15 ea = _____

Signature Date