CITY OF GALENA, ILLINOIS

101 Green Street, PO Box 310, Galena, Illinois 61036

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 @ .25 ea = _____**

_____
Signature Date