

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

Date: _____

To: Heather Allen, FOIA Officer
Law Department, City Hall
619 16th Street
Moline, IL 61265
Phone: (309) 524-2015
Fax: (309) 524-2020
Email: hallen@moline.il.us

For Office Only: Request No: _____ Due Date: _____
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From: _____
Name _____
Address _____
City/State/Zip _____

_____ Phone Number
_____ Fax Number
 (Check if reply requested by fax)

In the space below, please provide a detailed description of the information you are requesting (including, for example, date of incident, report number, type of incident/record, parties involved):

NOTE: As provided by Illinois statute, each request shall be answered (by approval, denial or request for additional time to respond) within five working days following receipt of the request. (5 ILCS 140/3(d)). Your response will be provided via U.S. Mail unless arranged otherwise.

Do you wish to inspect the records only? Yes _____ No _____

Do you wish to have copies mailed to you?
Records fifty pages or less will be mailed free with response. (\$.15/ page for records *over* fifty pages plus postage.) Yes _____ No _____

Do you wish to pick up a copy of the records?
(\$.15/page for records *over* fifty pages; to be paid upon receipt of records; **Records fifty pages or less will be provided with response at no charge**) Yes _____ No _____

Do you wish to have the records certified?
(\$1.00 certification fee applies) Yes _____ No _____

Signature

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