

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

Date: _____

To: Heather Oepping, FOIA Officer
Law Department, City Hall Annex
1616 6th Avenue
Moline, IL 61265
Phone: (309) 524-2015
Fax: (309) 524-2020
Email: hoeping@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?
(\$.15/ page for records over fifty pages plus postage. Records fifty pages or less will be mailed with response) 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: _____
