



REQUEST FOR COPIES OF PUBLIC RECORDS

Of the City of Jacksonville, Illinois
Under the Illinois Freedom of Information Act

Please type or print the following:

Date: _____
Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone Number: _____ Cell: _____

Pursuant to the provisions of the Illinois Freedom of Information Act, I hereby request to inspect and/or receive a copy of the following records: _____

Signature

Records requested will be made available within five (5) days from the date of this request. If the City is unable, or fails, to respond in five (5) days, the City may, for specific reasons, request an additional five (5) days to respond to a FOIA request. The City and the Requester may mutually agree to extend the time period for response.

Please specify manner in which you would like your request be provided:

- Email: _____
- Fax: _____
- I will pick up the information within five (5) business days
- Postal Service – Mail to: _____

(For Department/Office Use Only)

- Attached please find a copy(ies) of the records requested.
- The request for records is denied for the following reasons: _____

Signature: Department FOIA Officer

Date