CITY OF MATTOON, ILLINOIS FREEDOM OF INFORMATION ACT (FOIA) REQUEST FORM

Dotor		
Date:		
Company:		
Address:		
City, State, ZIP Code:		
Telephone Number: (Between 8:00 a.m 4:30 p.m.)		Date Stamp Receipt
Is this request for commercial purposes*? *It is a violation of the Freedom of Information Accommercial purpose without disclosing that it is for		
Describe specifically the public records you are re-	equesting:	
Request to:		
Inspect Only	Inspect	& Receive
Inspect & Receive Copies	<u> </u>	Certified Copies
Receive Copies Only	Receive	Certified Copies Only
Signature of Requestor		
Return completed FOIA Request Form to : Cit 19 th Street; Mattoon, IL 61938 (Attn: FOIA); or will respond to a request for non-commercial pub. If your request is denied, you may file an appeal of the street of	Fax to 217-258-6435. The lic records within 5 worlds.	The City Clerk's Office king days after receipt.
Agreement to Extend: If this request for records requires an extension of comply within by signing and dating the space below and return	The requestor agree	es with this extension
Date	Signature	
(FOR DEPARTMI	ENT USE ONLY)	
(=		Last Date to Respond:
Your request for copies of public records has bee	n complied on:	(Date)
Copies made: Yes No		(Date)
Number of copies:	Fee paid \$:	
Request submitted via: In-Person	U.S. Mail Fax	E-mail

NOTICE OF DENIAL

Your request for copies of public records has been denied on:	
based on the following:	(Date)
Names & Titles or Positions of each person responsible for the denia	1:

REQUEST FOR REVIEW RIGHT

Pursuant to law you are entitled to contact the Office of the Attorney General's Public Access Counselor (PAC) for a Request for Review on the decision of denying your request for certain information. Contact information for the PAC is: Cara Smith; Public Access Counselor; Office of the Attorney General; 500 S. 2nd Street; Springfield, Illinois 62706 or at: Phone: 312-814-5526 or 1-877-299-FOIA (1-877-299-3642) or at: Public.Access@ilag.gov .