

**CITY OF VILLA GROVE  
FREEDOM OF INFORMATION ACT REQUEST**

**TO BE COMPLETED BY REQUESTOR**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

Is this request for commercial purposes?  yes  no *(check appropriate box)*

Method to receive documents:  inspect only  pick-up  fax  mail  e-mail

E-Mail Address/Fax Number: \_\_\_\_\_

I, the undersigned, am hereby requesting those records maintained by the City of Villa Grove which pertain to: ***Please specify department and records sought. Please print legibly.***

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have read and understand the fees set forth in the "Schedule of Duplication" which is on the reverse side/second page of this form. Postage will be charged in accordance with the First Class rates set by the U.S. Postal Service. I also understand that all fees must be prepaid.

I understand that the City of Villa Grove has five (5) working days from the date of receipt to respond to the above request, unless one or more of the seven (7) reasons for an extension of time provided for in Section 3(e) of the Act are invoked by the City.

\_\_\_\_\_  
Signature Printed Name Date

**TO BE COMPLETED BY CITY PERSONNEL**

Date Request Received: \_\_\_\_\_ Date Request Due for Completion: \_\_\_\_\_

Cost(s): Copies: \_\_\_\_\_ Payment(s):  Cash  Check  Other:

Postage: \_\_\_\_\_

Certification: \_\_\_\_\_ Receipt Date: \_\_\_\_\_

Total Cost: \_\_\_\_\_ Receipt Number: \_\_\_\_\_

Date Records Personally Given: \_\_\_\_\_ or Mailed/Faxed/Emailed: \_\_\_\_\_

Denied/Reason Why & Date Letter Mailed: \_\_\_\_\_

Deferred/Reason Why & Date Letter Mailed: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_  
Employee Signature FOIA Officer Signature Date

## SCHEDULE FOR DUPLICATION OF PUBLIC RECORDS

COPYING	Per page	\$0.15 after the first 50 pages
CERTIFICATION	Per document	\$1.00
AUDIT REPORT	Per document	\$25.00
BUDGET	Per document	\$25.00
ZONING OR BUILDING ORDINANCE	Per document	\$5.00
ACCIDENT REPORT	Per document	\$4.00