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.

_________________________________________  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: ________________  Receipt Date: ________________
          Certification: ________________  Receipt Number: ________________
          Total Cost: ________________
Date Records Personally Given: ________________ or Mailed/Faxed/Emailed: ________________
Denied/Reason Why & Date Letter Mailed: __________________________________________________________________________
Deferred/Reason Why & Date Letter Mailed: __________________________________________________________________________
Notes: __________________________________________________________________________

_________________________________________  FOIA Officer Signature: ___________________________  Date: ____________________

Employee Signature: ___________________________
# SCHEDULE FOR DUPLICATION OF PUBLIC RECORDS

<table>
<thead>
<tr>
<th>Service</th>
<th>Unit</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Copying</td>
<td>Per page</td>
<td>$0.15 after the first 50 pages</td>
</tr>
<tr>
<td>Certification</td>
<td>Per document</td>
<td>$1.00</td>
</tr>
<tr>
<td>Audit Report</td>
<td>Per document</td>
<td>$25.00</td>
</tr>
<tr>
<td>Budget</td>
<td>Per document</td>
<td>$25.00</td>
</tr>
<tr>
<td>Zoning or Building Ordinance</td>
<td>Per document</td>
<td>$5.00</td>
</tr>
<tr>
<td>Accident Report</td>
<td>Per document</td>
<td>$4.00</td>
</tr>
</tbody>
</table>