

CITY OF CHARLESTON
520 Jackson Ave., Charleston, IL 61920
City Clerk: (217) 345-8426 Fax: (217) 345-7554
Email: charlestonilfoia@co.coles.il.us



FREEDOM OF INFORMATION REQUEST FORM

To Be Completed by Requester

Name: _____

Address: _____

Telephone: _____

I, the undersigned, do hereby request to examine and/or copy [check appropriate blank(s)] those records maintained by the City of Charleston which pertain to:

(Please specify department and records sought—be specific, i.e.—date, participants, etc.)

At my request, copies may be mailed to me via certified mail at current cost set by the U.S. Postal Service. I understand that all fees must be prepaid.

The above-requested records are for the purpose of furthering a commercial enterprise. Yes / No
(Circle one)

Signature

Date

NOTE: The City of Charleston will respond to the above request within five (5) working days from date of receipt pursuant to 5 ILCS 140/—Freedom of Information Act, or within twenty-one (21) working days in the case of requests for commercial purposes—unless one or more reasons for an extension of time, as set forth in 5 ILCS 140/, is invoked by the City.

FOR OFFICE USE ONLY

Date Received: _____ Date Response Due: _____

Cost: Copies: _____ Date Records Examined: _____

Tendered in Person: _____

Certification: _____ or by Mail or Email (specify): _____

Certified Mail: _____

Total Cost: _____

If Denied--Reason: _____

If Deferred—Reason: _____

Signature: _____ Date: _____