

## City of West Peoria

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## FREEDOM OF INFORMATION ACT (FOIA) REQUEST FOR INFORMATION

Note to Requester: Retain a copy of this request for your files. If you eventually need to file a Request for Review with the Public Access Counselor, you will need to submit a copy of this FOIA request.

Date of Request: \_\_\_\_\_\_\_

Request Submitted By: Email □ U.S. Mail □ Fax □ In Person □

Purpose of Request:	Personal	Commercial □	Other $\square$	
Name of Requester:				_ Cell No.:
Street Address:				
County/City/State/Zi	p (required):			
Email:				_ Fax:
Records Requested: that you are seeking.			-	public body can identify the information
Would you like to red	ceive: Electronic	c Copies □ or Pap	er Copies 🗆	(first 50 pages no charge, \$0.15 / page
	e Freedom of Inf without disclosin	formation Act for a p	erson to know	ingly obtain a public record for a see, if requested to do so by the public
Are you requesting a (If you are questing t			copying the c	locuments, you must attach a statemen

(If you are questing that the public body waive any fees for copying the documents, you must attach a statement of the purpose for the request, and whether the principal purpose of the request is to access or disseminate information regarding the health, safety and welfare or legal rights of the general public. 5 ILCS 140/6(c)).