**Section 901.APPENDIX A Freedom of Information Request Form**

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| Name of Agency | City | INSTRUCTIONS:Requestor should fill out the request portion (the top half) and sign the Requestor's Signature block. Send copies 1 and 2 to the Agency. Keep the 3rd copy for references. Send no money at this time. Unless notified otherwise the Agency's response for APPROVED, DENIED or DEFERRED will be sent back within 7 working days after receipt of the form. |
| Address |  |
| Requestor's Name (or business name if applicable) | Date of Request | Phone Number |
| Street Address | CERTIFICATION REQUESTED [ ]  YES [ ]  NO |
|  | Requestor's Signature |
| City | State | Zip |  |
| DESCRIPTION OF RECORDS REQUESTED: |
|  |  |
| [ ]  REQUESTING COPIES | [ ]  TO INSPECT RECORDS |
| AGENCY RESPONSE (REQUESTOR DOES NOT FILL IN BELOW THIS LINE) |
| APPROVED |  |
|  | [ ]  | The documents requested are enclosed. |
|  | [ ]  | The documents will be made available upon payment of copying costs $\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | [ ]  | You may inspect the record at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  | on the date of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. |
|  |  |
|  |  |
| DENIED | [ ]  | The request creates an undue burden on the public body in accordance with Section 3(f) of the Freedom of Information Act, and we are unable to negotiate a more reasonable request. |
|  | [ ]  | The materials requested are exempt under Section 7\_\_\_\_ of the Freedom of Information Act for the following reasons: |
|  |  |
|  | INDIVIDUAL(S) THAT DETERMINED REQUEST TO BE DENIED | RIGHT TO APPEAL |
|  |  |  |  | If desired, submit the attached APPEAL form (No. 2) along with copies of the original REQUEST and reasons for appeal to: |
|  |  |  |
|  |  |  |  |  |
|  |  |  |
| DEFERRED | [ ]  Request delayed, for the following reasons (in accordance with 3(d) of the DOIA):You will be notified by the date of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as to action taken on your request. |
| The information required by this form is MANDATORY in order to comply with P.A. 83-1013. Failure to so provide may result in this form not being processed. This form is approved by the FormManagement Center. | FOIA Officer | Date of Reply |

IL-001 – 0005 (6/84)

LEGEND FOR REQUESTOR: 1st copy (white) – send to Agency; 2nd copy (yellow) – send to Agency; 3rd copy (pink) – Requestor's copy