

MOULTRIE COUNTY, ILLINOIS
FREEDOM OF INFORMATION REQUEST
TO VIEW AND/OR OBTAIN COPIES OF PUBLIC RECORDS

Date: _____

Signature: _____

Name (Please print)

Address

Phone: (____) _____

City State Zip

E-mail (Optional): _____

Fax (Optional): _____

The appropriate office will respond to a request for public records within five working days (for non-commercial requests) after its receipt. However, an extension of time may be requested.

DOCUMENT REQUEST

Please provide as much identifying information as possible so that we may serve you as quickly as possible.

APPROXIMATE DATE OF DOCUMENT(S): _____

DESCRIPTION OF REQUESTED RECORD(S): _____

FOIA REQUEST IS FOR: Inspection: _____ Copies: _____ Certified: _____
After 1st – 50 pages (\$14.00 per document)
\$0.15 per 1-sided page

If copies are requests, do you prefer them to be paper or, if possible, electronic: _____

Is this request for a Commercial Purpose? YES or NO

(It is a violation of the Freedom of Information Act for a person to knowingly obtain a public record for a commercial purpose without disclosing that it is for a commercial purpose, if requested to do so by the public body. 5 ILCS 140.3.1(c)).

OFFICE USE ONLY

DATE REQUEST RECEIVED: _____ RESPONSE DUE: _____

DATE COMPLIED: _____ PICKED UP/MAILED: _____

Records Available: Yes ___ No ___ If not found, places checked: _____

Copies Made: Yes ___ No ___ Number Requested: _____ Fee: _____

Request Denied: Yes ___ No ___ Denial letter sent: _____ (attach copy)

Name of Searcher: _____ Amount of time searched: _____

Comments: _____

Dated: _____

FOIA Officer Signature