CITY OF FREEPORT

REQUEST FOR PUBLIC RECORDS – INSTRUCTIONS AND INFORMATION

Section I	Describe in detail the public records that you wish to inspect or to have copied or certified. Use a separate sheet if necessary. Indicate whether you wish only to inspect the public records at the Municipality Office or to have the public records copied or certified by checking the appropriate box to the right of each record described
Section II	By submitting this Request Form, you are agreeing to pay to the Municipality, in advance of receiving copies of any public records, the copying and certification fees set forth in Section II. The fees set forth in Section II may be waived or reduced by the FOIA Officer only upon proof that the purpose of your request is primarily to benefit the general public and that you will receive no significant personal or commercial benefit from your request. If you wish to be considered for a waiver or reduction, you must complete and separately sign the statement set forth in Section B of Section II.
Section III	Indicate the purposes for which you are requesting the public records identified in Section I.
Section IV	The Municipality will not mail copies of public records except upon satisfactory proof that it would be unduly burdensome for the Requestor to inspect or pick up the copies at the Municipality Office and then only upon advance payment of the actual cost of postage or if the Requestor does not have access to e-mail. If you wish to request mailing of the requested records, you must complete and separately sign the statement set forth in Section IV.
Section V	You must provide the information requested in Section V for responses via US Mail.
Section VI	You must provide the information requested in Section VI for responses via electronic mail.
Section VII	You must sign the statement set forth in Section VII.

The Municipality will disclose the public records requested on this Request Form within five working days after the receipt of this Request Form (or 21 days for a Commercial Purpose Request), unless the time period is extended as provided by law or the request is denied. All extension and denials will be in writing and will state the reasons therefore. A denial may be appealed to the Public Access Counselor within 60 working days after the date of the Notice of Denial. Judicial review is available under Section 11 of the Illinois Freedom of Information Act, 5 ILCS 140/1 et seq. For a more detailed information, please consult the Municipality FOIA Policy, which is available from the FOIA Officer.

TO: FOIA Officer
Freeport Police Department
320 West Exchange Street
Freeport, IL 61032

Email: FOIA@freeportpd.com

I. Request for Records

I hereby request the right to inspect, or to obtain copies or certified copies of the following public records of the Municipality:

Record Format: ☐ Available in office for Inspection ☐ Copied ☐ E-mailed

Records Requested:

(If additional space is needed, please attach additional

Do you require your records to be certified? ☐ Yes ☐ No

II. Agreement to Pay Fees

A. Unless a waiver is requested and approved pursuant to Section B of this Section, I agree to pay the following fees for all public records copied or certified at my request:

1.	Copies – letter or legal	---	$.15 per side.
2.	Copies – color or oversize	---	Actual cost of reproduction.
3.	Certification	---	$1.00 per document plus copy cost
4.	Recording media	---	Actual cost of media (i.e. computer media, disks, tapes, or other media).
5.	Statutory Fees	---	Rate authorized by statute.
6.	Mailing	---	Actual cost of postage.

However, there will be no charge for the first 50 pages of letter or legal size black and white copies for the Requestor, except for commercial purposes. I further acknowledge and agree that, if the services of an outside vendor are required to copy and public record, I will pay the actual charges that the Municipality incurs in connection with such copying services.

B. I request a waiver of fees set forth in Section A of this Section, and, in support of such request, I certify and represent that I will gain no significant personal or commercial benefit from the records requested and that my principal purposes in making this request is to benefit the general public by disseminating information concerning the health, safety, welfare, or legal rights of the general public in the following specific manner:

Signature of Requestor: _____

III. Purpose of Request

I am requesting access to the public records identified in Section I for the following purpose:

☐ Noncommercial Purpose

☐ Commercial Purpose

A "commercial purpose" is defined under the Act as the use of any part of a public record or records, or information derived from public records, in any form for sale, resale, or solicitation or advertisement for sales or services. Please be advised that misrepresentation of the purpose of a Request is a violation of the Act.

IV. Request for Mail Delivery

☐ I request that the Municipality mail to me at the address set forth in Section VI below copies of all public records responsive to this request. I understand that I will be required to, and do hereby agree to, pay the actual postage for such mailing before the records will be mailed. It would be unduly burdensome for me to pick up the requested records at the Municipality Office because:

Signature of Requestor: _____

V. Request for E-Mail Delivery

☐ I request that the Municipality forward to me at the e-mail address set forth in Section VI below copies of all public records responsive to this request.

VI. Identification of Requestor

A. Name of Requestor: _____

B. Name of person for whom records are being requested (if not Requestor):

_____

C. Address for Responses, Decisions, and Communications:

_____

D. Telephone Number(s) of Requestor:

Day: _____ Evening: _____

E. E-Mail Address of Requestor:

_____

VII. <u>Signature of Requestor</u>

By signing this request, I acknowledge and represent that I have reviewed and understand the Municipality's FOIA Policy and that all information provided in support of this request is true and accurate.

_____ _____
Signature of Requestor Date

FOR MUNICIPALITY USE ONLY

Received by the Municipality: Date: _____ Time: _____

Response Due Date: _____ (Five working days after day of receipt or 21 working days for commercial purpose)

Method of Delivery:

☐ Personal Delivery ☐ Email ☐ Mail/Courier/Fax Delivery ☐ Other _____

Municipality employee receiving request:

Name: _____ Title: _____

Signature: _____