

CITY OF CHARLESTON
520 Jackson Ave., Charleston, IL 61920
City Clerk: (217) 345-8426 Fax: (217) 345-7554



FREEDOM OF INFORMATION REQUEST FORM

To Be Completed by Requestor

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.)

I have read and understand the attached “Schedule for Duplication.” At my request, copies may be mailed to me via certified mail at current cost set by the U.S. Postal Service. I also 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 120/—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 120/, 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: _____

Certified Mail: _____

Total Cost: _____

If Denied--Reason: _____

If Deferred—Reason: _____

Signature: _____ Date: _____