CITY OF ALEDO
OFFICIAL REQUEST FOR PUBLIC RECORDS
UNDER THE ILLINOIS FREEDOM OF INFORMATION ACT

DATE STAMP

Requestor Information:

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE(S): _____

Please describe below the public records you are requesting. To expedite the search, please be as specific as possible. If known, please also include date(s) of requested records.

_____

_____

_____

The above records are requested for: □ Inspection □ Copy □ Certification

(Standard black and white photocopies will be provided at no charge for the first fifty (50) pages. Requestor will be charged 15 cents per page beyond fifty. Certification is 1 dollar per document.)

Is this request being made for a commercial purpose? □ Yes □ No

NOTE: "Commercial purpose" means the use of any part of a public record or any information derived from a public record in any form for sale, resale, or solicitation or advertisement for sales or services. It is a violation of the Freedom of Information Act to knowingly obtain information for a commercial purpose without disclosing that intent to the City.

The City of Aledo will respond to this request within five (5) business days. If responding to the request requires an extension of time of up to five (5) additional business days, the requestor will be sent a notice in writing. Commercial requests will receive a response within twenty-one (21) business days.

_____ _____

(Requestor Signature) **(Date)**

Mail or Deliver to: **Jarod Dale, FOIA Officer, 120 N. College Ave., Aledo, IL. 61231**
Fascimile: **(309) 582-7242** Email: cityclerk@aledoil.org
For Police Requests: **Patti Mitchell, Deputy FOIA Officer, 200 NE 2nd St., Aledo, IL. 61231**

FOR OFFICE USE ONLY

Request Received by: _____ Date: _____

Document(s) made available on: _____ Inspection Pickup U.S. Mail (circle)

COMPLETE BELOW IF ACCESS TO ANY RECORD(S) IS DENIED

Document(s): _____

Reason for Denial (cite FOIA exemption): _____

_____

Name/Title of Officer Issuing Denial: _____

Date of Response: _____ Attach copy of all written responses for file.

REVIEWED BY: _____ ENTERED INTO FILE ON: _____