

**REQUEST FOR INFORMATION
FROM THE CITY OF TAYLORVILLE
UNDER THE ILLINOIS FREEDOM OF INFORMATION ACT**

Name (please print): _____

Street Address: _____

City/State/Zip: _____

Phone (home): _____ (work): _____

I hereby request to inspect the following records (List records sought to be inspected):

Month, date, year, time records requested: _____

Signature of individual making request: _____

I hereby verify that I received on the date so noted those records requested which are available for inspection under the Illinois Freedom of Information Act

Signature: _____ Date: _____

FOR OFFICE USE ONLY

The records so requested have been reviewed and are appropriate for release under the guidelines of the Illinois Freedom of Information Act,

Except for the following records: _____

Reason access was denied to above listed records (list names and titles of all persons authorizing denial and specify exact section of the Illinois FOIA, which applies): _____

Signature, Title and Department of employee reviewing records: _____

Date: _____

Of the records requested, copies were provided of the following: _____

The records so requested were presented to such individual for inspection at:

_____ on the _____ day of _____, 20_____

time

date

month

year

Signature, Title and Department of employee presenting records for inspection:

Fee Collected: _____