City Of fulton ILLINOIS

www.cityoffulton.us

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Freedom of Information Act (FOIA)

Request

The act allows us five (5) business days, excluding weekends and holidays to comply with your request. You will be notified by mail or email as to whether your request was approved or denied. If denied, the reason for denial will be included in your letter. If approved, your letter will indicate when and where your copy will be made available. The first fifty pages are free. For any additional copies there will be a fifteen (15) cent charge per page for black and white copies, color photos or pages with color will be charged a twenty five (25) cent charge per page. Electronic media including Digital Video Disk (DVD), Compact Disk (CD), or flash/jump drives will be charged for the cost of the item up to but not over five (5) dollars per media used. Payment is due upon receipt of your documents and or media.

Name (Please print):_____

Address: _____

City/State/Zip: _____

Home Phone: _____ Work Phone: _____

I hereby request to inspect/copy the following records: (LIST RECORDS SOUGHT TO BE INSPECTED) check whichever choice is appropriate.

Is this a request for Commercial Purposes _____YES _____NO

Month, day, 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 Freedom of Information Act.

Signature: _____ Date: _____

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: _____

Fee Collected: _____