



City of Carlyle

Request for Copies of Public Records

Under The Illinois Freedom of Information Act (FOIA)

Name: _____

Address: _____

Telephone Number: _____ Email (If applicable): _____

Public Record Requested (Please be as specific as possible): _____

Is the purpose of this request for commercial purposes? Yes No

Pursuant to Section 3.1(c) of the Freedom of Information Act, it is a violation of the Act for a person to knowingly obtain a public record for commercial purpose without disclosing that is for a commercial purpose. Each request for public record or category of public records made in violation of this requirements (whether made as part of a single or multiple written requests) shall be subject to penalties allowed by law.

Agreement to Pay Fees:

I will pay the following fees for the public records copied at my request. Payment may be required prior to the processing of the request.

- | | |
|--|----------------------|
| 1. Copies 8 1/2" x 11" or 8 1/2" x 14" | |
| First 50 pages | Free |
| Additional Pages | \$.15 per side |
| 2. Electronic Media | Copy Cost |
| 3. All other copy sizes | Cost of Reproduction |

Clerk Initial: _____

Requestor Signature and Date: _____

Unless otherwise notified, the public records you have requested will be compiled within five (5) business days from the day after the request was received.

The above requested information was supplied to me on (date) _____

Clerk Initial: _____ Requestor Signature: _____