



FOIA SYSTEM NO. _____

Date: _____

**CITY OF SPRINGFIELD
FREEDOM OF INFORMATION ACT (F.O.I.A.)
RECORDS REQUEST**

Please type or print the following:

Name: _____

Address: _____

City: _____ State _____ Zip _____

Phone Number _____ Email: _____

Pursuant to the provisions of the Illinois Freedom of Information Act, I hereby request to inspect and/or receive a copy of the following records: _____

Signature

Records requested will be made available within five (5) days from the date of this request. If the City is unable, or fails, to respond in five (5) days, the City may, for specific reasons, request an additional five (5) days to respond to a FOIA request. If the City fails to respond to a FOIA request within the time permitted, then the City may not charge copying fees or treat the request as unduly burdensome. The City and the Requester may mutually agree to extend the time period for response.

(For Department/Office Use Only)

Department: _____

FOIA Officer: _____

FOIA System No.: _____

To the Office of the City Clerk:

1. Attached please find a copy(ies) of the records requested.
2. The request for records is denied for the following reasons: _____

Signature: Department FOIA Officer

Copies Received: _____ Date: _____ Fee Charged: _____

Signature/City Clerk/Employee