

CITY OF FAIRBURY - REQUEST FOR RECORDS - FOIA REQUEST

I, the undersigned, do hereby request to _____ examine and/or _____ copy (please check appropriate blank) those records maintained by the City of Fairbury which pertain to (PLEASE BE VERY SPECIFIC):

By my signature below, I acknowledge (1) that photocopies are .15 per page, (first 50 free) & CD/DVD \$1 (2) that certification is \$2 per document (3) that if copies are mailed to me the copies must be mailed via certified mail at my expense at a cost of approximately \$3 per ounce.
I also understand that all fees must be prepaid. Most items can be emailed at no cost.

_____	_____	_____
Name	Date	Phone number
_____	_____	_____
Signature	Email Address	

Mailing Address

Please submit the completed form to the City Clerk's Office, drop off: City Hall, 201 W Locust St.
mail: City Clerk, PO Box 228, Fairbury IL 61739-0228 faxed (815) 692-3428
emailed: foia@cityoffairbury.com

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**For office use only**

FOIA received by \_\_\_\_\_ on (date) \_\_\_\_\_ at (time) \_\_\_\_\_ AM/PM

|                             |                    |         |                         |
|-----------------------------|--------------------|---------|-------------------------|
| Total number of photocopies | _____ @ \$.15 each | \$_____ | total for photocopies   |
| CD/DVD                      | _____ @ \$1 ea     | \$_____ | total for CD/DVD copies |
| Total documents certified   | _____ @ \$2        | \$_____ | total for certification |
| Certified mailing ounces    | _____ @ \$3/oz     | \$_____ | certified mailing costs |
|                             | Total Price        | \$_____ | paid on _____ date      |

EXEMPTIONS:

**ACKNOWLEDGEMENT OF RECEIPT OF REQUESTED RECORDS**

By my signature below, I hereby acknowledge that I received the above requested records from the City Clerk's Office at \_\_\_\_\_ am/pm on \_\_\_\_\_.

\_\_\_\_\_ Includes denial letter \_\_\_\_\_  
Signature of person picking up requested records