



## FOIA REQUEST - REQUEST FOR RECORDS

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):

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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 II 61739-0228 faxed (815) 692-3428  
 emailed: [foia@cityoffairbury.com](mailto:foia@cityoffairbury.com)

**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