**City of Neoga**
**533 Chestnut Ave**
**P. O. Box 248**
**Neoga, IL 62447**
**Phone 217-895-3237**
**Fax 217-895-3839**

Date Received: _____
Date Due: _____
Ext. Date Due: _____

## REQUEST FOR PUBLIC RECORDS UNDER THE "FREEDOM OF INFORMATION ACT"

NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
TELEPHONE(S): _____

**Please describe below the public records you are requesting. To expedite the search, please be as specific as possible. If known, please include date(s) of requested records.**

_____
_____
_____
_____

**The above records are requested for: ___Inspection ___Copy ___ Certification**

**(Standard black & white copies will be provided at no charge for the first fifty (50) pages. Requestor will be charged 15¢ per page over 50. Certification is $1 per document.)**

**Is this request being made for commercial purposes? ___ Yes ___ No**

**NOTE: "Commercial purpose" means the use of any part of a public record or any information derived from a public record in any form for sale, resale, or solicitation or advertisement for sales or services. It is a violation of the Freedom of Information Act to knowingly obtain information for a commercial purpose without disclosing that intent to the City.**

**The City of Neoga will respond to this request within five (5) business days. If responding to the request requires an extension of time of up to five (5) additional business days, the requestor will be sent notice in writing. Commercial requests will receive a response within twenty-one (21) business days.**

_____ _____
**Requestor Signature** **Date**

**Mail or Deliver to:** **Diana Foor, FOIA Officer, 533 Chestnut Ave., P.O. Box 248, Neoga, IL 62447**
**Fax: 217-895-3839 Email: diana@neoga.org**

**FOR OFFICE USE ONLY**

**Request Received By:** _____ **Date:** _____
**Document(s) made available on:** _____ **Inspection Pickup U.S. Mail (circle one)**
**Fees Collected: $**_____**/Copies $**_____**/Certification $**_____ **/Other**

**COMPLETE BELOW IF ACCESS TO ANY RECORD(S) IS DENIED**

**Reason for Denial (cite FOIA exemption):**
_____
_____
**Name/Title of Officer Issuing Denial:** _____
**Date of Response:** _____ **Attach copy of all written responses for file.**