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: _	

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

NAME:						
ADDRESS:						
CITY:		STAT	E:	ZIP CO		
TELEPHONE(S):						
Please describe below t			pedite the sea	rch, please b	e as specif	ic as possible. If
Γhe above records	are requested for:	Inspection	(	Сору		Certification
Standard black & will be charged 15¢					y (50) pa	ges. Requestor
s this request being	g made for comme	rcial purposes?	Yes	No	•	
NOTE: "Commercial pecord in any form for nformation Act to kno	sale, resale, or solicita	tion or advertisement	for sales or se	rvices. <u>It is</u>	a violation	of the Freedom o
The City of Neoga will extension of time of up requests will receive a	to five (5) additional b	ousiness days, the requ	estor will be s			
	Requestor Signature				Date	
Mail or Deliver to:	Diana Foor, FOIA ( Fax: 217-895-3839	Officer, 533 Chestnut . Email: <u>diana@neo</u>		x 248, Neoga	, IL 62447	,
		FOR OFFICE U	SE ONLY			
n . n				Date: Pickup	I C Mail	
	ailahla an	Tu	nootion			(circle ere)
	ailable on:/C	opies \$		tification S		(circle one) /Other
Request Received By: Document(s) made av Fees Collected: \$  Reason for Denial (cit	COMPLETE BE	opies \$LOW IF ACCESS TO	/Cer	tification §	6	
Reason for Denial (cit	COMPLETE BE	LOW IF ACCESS TO	/Cer	rtification \$	ENIED	/Other