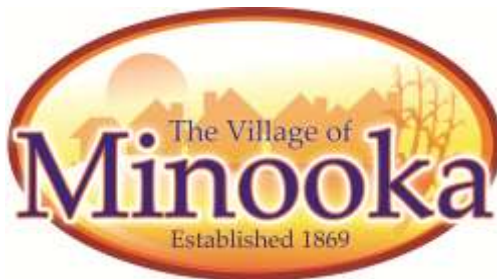


Request Received By:

Date/Time Received:

/



## FREEDOM OF INFORMATION ACT REQUEST

### Requester Information (please PRINT clearly):

Name of Requester and/or Business Name:
Address:
Contact Phone Number(s):
Email Address (if response is to be emailed):
<b>Pursuant to the Freedom of Information Act, Chapter 5 ILCS 140, I request:</b> <input type="checkbox"/> Copy <input type="checkbox"/> Inspection <input type="checkbox"/> Certification
Describe below the public records that you are requesting. To expedite the search, be as specific as possible. If known, include date(s) of requested records.  <hr/> <hr/> <hr/> <hr/> <hr/>

Is this request being made for commercial purpose?  Yes  No

**Note: "Commercial purpose" means the use of any part of a public record or any information derived from a public record 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 Village of Minooka. Each request for a public record or category of public records made in violation of this requirement (whether made as part of a single or multiple written requests) shall be subject to a fine of \$750 and such other penalties allowed by law.**

#### Fee Schedule

No fees will be charged for the first fifty (50) pages of black and white, letter or legal sized copies of requested records. Fees for black and white copies of excess of fifty (50) pages, color copies, photo sheets, and other media are listed on the reverse side.

The Village of Minooka will respond to this request within five (5) business days. If responding to the request requires an extension of time up to five (5) additional days, the requestor will be notified via a phone call, email or in writing. Commercial requests will receive a response within twenty-one (21) business days.

Signature of Requestor:	Date:
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Send Requests to:  
 Village of Minooka, FOIA Officer:  
 121 E McEvilly Road, Minooka, IL 60447  
 Facsimile: (815) 467-3599, Email: [info@minooka.com](mailto:info@minooka.com)

**\*\*\* DO NOT WRITE BEYOND THIS POINT \*\*\* VILLAGE HALL USE ONLY \*\*\***

Response Due Date (Date of Receipt Plus (5) Business Days):	Assigned FOIA Officer:
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Pursuant to 5 ILCS 140, Sec 3 (e) Subsection:      i            ii            iii            iv            v            vi            vii  
we are unable to supply the requested records at this      time. The records will be made available to you in five (5)  
business days on: \_\_\_\_\_

Entire Record Provided                       Partial Record Provided                       Records Request Denied

Information has been redacted or denied in accordance with 5 ILCS 140, Sec: \_\_\_\_\_

Reason for redaction in accordance with 5 ILCS 140: \_\_\_\_\_

**NOTICE OF REVIEW PROCESS:** Per 5 ILCS 140, Sec 9.5(a), you may request a review of a FOIA denial by the Public Access Counselor within 60 days of the denial. The request must be made in writing, signed by you, and include a copy of the FOIA request and our response. Mail your request for review to: Public Access Bureau, 500 S. 2nd St., Springfield, IL 62706. Their telephone number is 217-558-0486.

Documents Provided	QTY	Cost of Each	Sub-Total
8 ½ x 11 ,8 ½ x 14 and 11 x 17 Black and White Copies, per side (First 50)		No Charge	
8 ½ x 11, 8 ½ x 14 and 11 x 17 Black and White Copies per side (Over 50)		\$0.15	
8 ½ x 11 Color Copies, per side (any amount)		\$0.07	
8 ½ x 14 Color Copies, per side (any amount)		\$0.07	
11 x 17 Color Copies, per side (any amount)		\$0.17	
Photo Sheets Containing 3 ½ x 5 Photos		\$0.07	
CD (each CD)		\$0.50	
DVD (each DVD)		\$2.00	
<b>Total Amount Due:</b>			

Signature of FOIA Officer:	Date FOIA Completed:
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**Response (or Denial) Given/Sent To Requestor:**     Email             Fax             Mail             In Person

Date Response (or Denial) Sent: \_\_\_\_\_

**If a request has been made to pick up in person:**

Date Notified of Response/Denial Ready for pick up:
Signature of Requestor (if picked up in person):

Requestor Failed to Pick up Response/Return to File Date:
Village Employee Initial / Date Response Given/Sent/Returned to File By:                      Date: