

CITY OF ROCK ISLAND
OFFICE OF THE CITY CLERK



FREEDOM OF INFORMATION REQUEST

YOUR NAME: _____ DATE OF REQUEST: _____

YOUR ADDRESS: _____ CITY/STATE/ZIP: _____

TELEPHONE NUMBER: HOME: _____ WORK: _____

WHAT INFORMATION ARE YOU REQUESTING? PLEASE BE SPECIFIC and PRINT CLEARLY. IS THIS REQUEST FOR COMMERCIAL PURPOSES? YES _____ NO _____

_____ DATE OF BIRTH (optional) _____

I understand that no charges are imposed for the first 50 pages of black and white, letter or legal sized copies. Any additional pages are 15 cents per side. A fee will be charged for color copies, abnormal size copies and electronic copies. A fee of \$5.00 is charged for Illinois Traffic Crash Reports.

SIGNATURE OF PERSON REQUESTING INFORMATION: _____

STOP HERE - INFORMATION BELOW TO BE COMPLETED BY THE CITY CLERK'S OFFICE

Request received by: _____ Title: _____
Signature

Forwarded to: _____ On this date: _____

Due back in City Clerk's Office on: _____ (5 Business Days) Commercial Request: _____ (21 Business Days)

IF THE REQUEST IS BEING DENIED, A WRITTEN REASON FOR DENIAL IS REQUIRED. ALL INFORMATION (AND/OR DENIAL LETTER) SHALL BE FORWARDED TO THE OFFICE OF THE CITY CLERK, WHO SHALL THEN BE RESPONSIBLE FOR DISTRIBUTION AND COLLECTION OF FEES AS REQUIRED BY STATE STATUTES AND LOCAL ORDINANCES.

The above information was received by: _____ Date: _____
Signature

Charges = More than 50 pages _____ X 15¢ = _____
Other Charges (Color, abnormal size and electronic) = _____ Total Amount Due: _____
Charges for Illinois Traffic Crash Reports _____ X \$5.00 = _____

Receipt # _____ Person providing copies _____
Signature

I have reviewed the information provided by the City of Rock Island, and will not need to request copies.

Recipient's Signature _____ Date: _____ (No Charge) _____ copies

Notification to Requester: (Date and method) _____