

City Clerk  
City of Streator  
204 S. Bloomington Street  
Streator, Illinois 61364  
815/672-2517 fax 815/672-7566



## REQUEST FOR INFORMATION PER THE FREEDOM OF INFORMATION ACT

*Note to Requester: Retain a copy of this request for your files. If you eventually need to file a Request for Review with the Public Access Counselor, you will need to submit a copy of your FOIA request.*

1. Requester's Name: \_\_\_\_\_
2. Street Address: \_\_\_\_\_
3. City, State, & Zip(required): \_\_\_\_\_
4. Telephone (Optional): \_\_\_\_\_ E-Mail (Optional): \_\_\_\_\_
5. Date of Request: \_\_\_\_\_ Time of Request: \_\_\_\_\_
6. Request Submitted By: \_\_\_\_\_ E-Mail \_\_\_\_\_ U.S. Mail \_\_\_\_\_ Fax \_\_\_\_\_ In Person
7. Is this request for a Commercial Purpose? YES or NO: \_\_\_\_\_  
*(It is a violation of the Freedom of Information Act for a person to knowingly obtain a public record for a commercial purpose without disclosing that it is for a commercial purpose, if requested to do so by the public body. 5 ILCS 140.3.1(c)).*
8. Are you requesting a fee waiver? YES or NO? If yes, state reason: \_\_\_\_\_

Describe in detail the public records you are requesting and state whether you wish to inspect and/or copy such records. Also, please state whether such public records are to be certified. If you wish to receive the records in a specific electronic format, please describe:

\_\_\_\_\_

\_\_\_\_\_

The City of Streator will respond to the above request within five (5) working days from the above date unless one or more of the seven (7) reasons for an extension of time provided for in Section 3(e) of the Act are invoked by the City.

Signature of person making request: \_\_\_\_\_

### ROUTING OF REQUEST – FOR OFFICE USE ONLY

FOR COMPLETION BY FOIA OFFICER:

Date Received: \_\_\_\_\_ By (FOIA Officer): \_\_\_\_\_

Date Response time expires: \_\_\_\_\_

Copy of Request and attachments given to: \_\_\_\_\_ Date given: \_\_\_\_\_

File folder # for this request: \_\_\_\_\_

Completion of Request:

Date completed: \_\_\_\_\_ Method of Delivery: \_\_\_\_\_

If hand delivered, signature of recipient: \_\_\_\_\_