THE COUNTY OF WHITESIDE, ILLINOIS
FREEDOM OF INFORMATION ACT REQUEST FORM

DATE: ____________________________ (Requests will be answered within 5 business days; 21 business days for commercial requests.)

REQUESTOR:
Name: ____________________________________________
Address: ____________________________________________
_________________________________________________________________________________
Telephone #: ________________________________________

INFORMATION REQUESTED (Please be as specific as possible):
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Will the information requested be used for a commercial purpose(Y/N):_________
I desire to _____ inspect / _____ receive a copy / _____ receive a certified copy.

If copies are to be sent, please indicate where the information should be sent:

. . . if by e-mail to: ______________________________________
. . . if by fax to: ________________________________________
. . . if by mail to: ______________________________________

Copying Charge: 1st 50 pgs - no charge; $0.15/pg B&W, $0.25/pg Color thereafter; Digital Media - Actual cost;$1 per record for certification.

The County is not obligated to prepare any public record which was not maintained or prepared at the time of the request.

Response to Request

_____ request complied with by ____________________________

_____ request denied because ____________________________

(You have the right to appeal under section 11 of 5 ILCS 140(Freedom of Information Act))

_____ additional time to review request needed because ____________________________

answer will be provided by ____________________________

______________________________________________________
County Administrator