



OFFICE USE ONLY	
Submit Date: _____	Due: _____
Staff Initials: _____	FOIA #: _____

Freedom of Information Act Request

---- PLEASE PRINT ALL INFORMATION CLEARLY SO IT CAN BE READ AND PROCESSED CORRECTLY ----

REQUESTOR INFORMATION

Name: _____ Address: _____ Zip Code: _____ Phone: _____	Business Name: _____ City/State: _____ Email: _____
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DOCUMENT INFORMATION

Is this request being used for a commercial purpose? (5 ILCS 140/2 (c10))

Yes 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.

How do you want to receive your information? (Please Check One):

Email Mail Pick Up Fax to: _____

INFORMATION REQUESTED

I would like: A Copy A Certified Copy *(Fee of \$1 per Document Applies)*

Date/Time Frame of Records: _____

Requesting the Following Records: _____

ADDITIONAL INFORMATION

All black and white duplex copies will be at no charge for the first 50 pages, and \$0.15 per additional page. If color copies or abnormal sizes are necessary, there will be an actual copy charge for each page of \$0.75. **Applicable fees must be paid to the City of Bloomington at the time of picking up documents or prior to documents being received.**

Per State Statute, the City of Bloomington has **5 business days** to complete personal and media requests. All requests related to a commercial purpose will be completed **within 21 business days**. If there is a necessary delay due to the nature of the request, we will notify you.