



# CITY OF HAMILTON FOIA REQUEST FORM

All FOIA requests must be in writing. A FOIA request may be submitted, in writing, by personal delivery, facsimile, electronic mail or other reasonable means. All FOIA requests should be directed to: City of Hamilton, 1010 Broadway Street, Hamilton, IL 62341, Attn: Michelle Dorethy, FOIA Officer; or by electronic mail at info@hamiltonil.gov, Michelle Dorethy, FOIA Officer; or by fax at 217-551-3001, Attn: Michelle Dorethy, FOIA Officer.

Date Requested: \_\_\_\_\_

Request Submitted By: \_\_\_ E-mail \_\_\_ U.S. Mail \_\_\_ Fax \_\_\_ In Person

Name of Requester: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/County Zip (required): \_\_\_\_\_

Telephone (Optional): E-mail (Optional): \_\_\_\_\_

Fax (Optional): \_\_\_\_\_

**Records Requested:** *\*Provide as much specific detail as possible so we can identify the information that you are seeking. You may attach additional pages, if necessary.*

\_\_\_\_\_  
\_\_\_\_\_

**Do you want copies of the documents? YES or NO**

--Do you want Electronic Copies or Paper Copies? \_\_\_\_\_

--If you want Electronic Copies, in what format? \_\_\_\_\_

**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)).*

**Are you requesting a fee waiver? YES or NO**

*(If you are requesting that the public body waive any fees for copying the documents, you must provide a statement of the purpose of the request, and whether the principal purpose of the request is to access or disseminate information regarding the health, safety and welfare or legal rights of the general public. 5 ILCS 140/6(c))*

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**Fees:**

No copy fees shall be charged for the first fifty (50) pages of black and white letter or legal sized copies. Thereafter, a fee of \$0.15 per page may be charged for copying black and white letter or legal-size documents. If you are requesting copies in color or in a size other than letter or legal, the fees shall be the actual cost incurred in reproducing for non-standardized documents. If you are requesting certified documents, there shall be a charge of \$1.00 per certified document in addition to any other fees.

**\*\*\*For Office Use Only\*\*\***

<b>Received By</b>		<b>Date</b>		<b>Completed By</b>		<b>Date</b>	
<b>Dept(s) Cc:</b>	<b>Adm</b>	<b>PD</b>	<b>FD</b>	<b>PW</b>	<b>Zoning</b>	<b>Cost</b>	
<b>Notes</b>						<b>File No:</b>	