FREEDOM OF INFORMATION ACT REQUEST (FOIA)
REQUEST FOR PUBLIC RECORDS

Date: ____________________________

To: Amanda Rodell, FOIA Officer
   Law Department, City Hall
   619 16th Street, Moline, IL 61265
   Phone: 309-524-2015 / Fax: 309-524-2020 / Email: arobell@moline.il.us

For Office Only:
Request No: _______ Due Date: _______________

From: ________________________________________
       Name ______________________________________
       Phone Number ________________________________
       Address ______________________________________
       Fax Number _________________________________
       City/State/Zip ______________________________
       Email Address ________________________________

NOTE: Per Illinois statute, each request shall be answered by the City (by approval, denial or request for additional time to respond) within five (5) working days following receipt of the request. (5 ILCS 140/3(d)).

- In the space below, please provide a detailed description of the information you are requesting.
  (For example: date of incident, report number, type of incident/record, parties involved). Use a separate sheet of paper if additional space is needed to provide the detailed description.
  ____________________________________________________________
  ____________________________________________________________
  ____________________________________________________________
  ____________________________________________________________

- Your response and a copy of the records will be provided by U.S. Mail unless otherwise indicated below.

- Please select ONE of the following alternate receipt options by placing a checkmark in the appropriate space:

Do you wish …
To inspect the records only? Yes _______ or
Note: You would not receive a copy of the records; you would only come to City offices to look at the records.

To pick up a copy of the records? Yes _______ or
* Records of 50 pages or less will be mailed or may be picked up at no cost with your response.
* Any additional pages over 50 will be charged $.15 per page and you will be notified of the amount to be prepaid.

To receive a copy of the records by email (PDF format)? Yes _______ or
To receive a copy of the records by fax? Yes _______

- Additional Option:
Do you wish to have the records certified? Yes _______
Note: A certification is a document stating that the records being provided are a true copy of the requested records. A certification fee of $1.00 applies and must be prepaid.

______________________________
Signature

Office use only: Response/notes including ILCS information: ______________________________________
________________________________________________________________________________________