City of Georgetown

208 S. Walnut St.
Georgetown, IL 61846
Phone 217-662-2525 Fax 217-662-2358

Written Request for Inspection of copying of Public Records

FOIA Officer _____

City of Georgetown

1. Name of Person making request_____
2. Address of person making request _____
3. Telephone number of person making request _____
4. Date of Request_____
5. Is request for Commercial purposes? Yes/No (It is a violation of the Freedom of Information Act for a person to knowingly obtain a public record for commercial purposes without disclosing that it is for a commercial purpose.)
6. Are you requesting a fee waiver? Yes/No If yes, State Reason_____

   _____

   Describe in detail below 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.

   _____

   _____

   _____

   _____

7. If copies are wanted, how would you like to receive information? _____
   Email: _____

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

_____
Signature of person making request

For Completion by FOIA Officer:

Date Received_____ Date Response time Expires_____ Completion date: _____
Delivered by: email ____ paper ____ jump drive ___ Extension requested:_____ Denied___ Approved___ Ext date _____