City of Lexington, Illinois

Freedom of Information Act (FOIA) - Request for Records

I, the undersigned, do hereby request to ____ examine and/or _____ copy (please check appropriate blanks) those records maintained by the City of Lexington which pertain to **(PLEASE BE SPECIFIC)**:

Is this request for commercial purposes? _____ Yes _____ No

How do you want to receive the records? (check one) ____ Email ____ Mail ____ Pick Up ____ Inspect Only

FEES: No fees will be charged for the first 50 pages of black and white, letter or legal sized copies. The fee for black and white letter or legal sized copies after the first 50 pages will be $.15 per page. For records requested to be provided via electronic recording medium such as disc, tape, thumb drive, or other media device, the fee will be the actual cost of the purchase price of that media device. For voluminous requests for electronic records and those records are **not** in portable document format (PDF), the fee will be: up to $20 for not more than 2mb of data, up to $40 for 2-4mg of data, and up to $100 for more than 4mb of data. For voluminous requests for electronic records and those records that **are** in portable document format (PDF), the fee will be: up to $20 for not more than 80mb of data, up to $40 for 80-160mb of data, and up to $100 for more than 160mb of data. The fee for certifying a record shall not exceed $1. For voluminous requests, no fee will be charged for the first 8 hours spent by personnel searching for or retrieving a requested record. After the first 8 hours, a fee of $10 per hour may be charged for each hour spent by personnel in searching for and retrieving a requested record or examining the record for necessary redaction.

If fees are assessed, payment must be received prior to records being released.

I understand ALL fees must be prepaid. _____ Please initial

_____ _____

Name **Signature**

_____ _____

Mailing Address **Date**

_____ **(___)_____(___)_____**

City/State/Zip **Phone Number** **FAX Number**

Please submit the completed form in person, by mail to City Hall, 329 W Main St, Lexington IL 61753, via FAX to (309)365-3811, or attached to an email and send to FOIA@lexingtonil.gov .

FOR OFFICE USE ONLY

Date Received_____ Date Response Time Expires_____

Received By _____ Date Completed _____

Fee Received _____