City of Neoga
533 Chestnut Ave
P. O. Box 248
Neoga, IL 62447
Phone 217-895-3237
Fax 217-895-3839

Date Received: _____
Date Due: _____
Ext. Date Due: _____

REQUEST FOR PUBLIC RECORDS UNDER THE "FREEDOM OF INFORMATION ACT"

NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
TELEPHONE(S): _____

Please describe below the public records you are requesting. To expedite the search, please be as specific as possible. If known, please include date(s) of requested records.

_____
_____
_____
_____

The above records are requested for: ___Inspection ___Copy ___ Certification

(Standard black & white copies will be provided at no charge for the first fifty (50) pages. Requestor will be charged 15¢ per page over 50. Certification is $1 per document.)

Is this request being made for commercial purposes? ___ Yes ___ No

NOTE: "Commercial purpose" means the use of any part of a public record or any information derived from a public record in any form for sale, resale, or solicitation or advertisement for sales or services. It is a violation of the Freedom of Information Act to knowingly obtain information for a commercial purpose without disclosing that intent to the City.

The City of Neoga will respond to this request within five (5) business days. If responding to the request requires an extension of time of up to five (5) additional business days, the requestor will be sent notice in writing. Commercial requests will receive a response within twenty-one (21) business days.

_____ _____
Requestor Signature **Date**

Mail or Deliver to: **Brenda Evans or Diana Foor, FOIA Officers, City of Neoga; 533 Chestnut Ave., P.O. Box 248, Neoga, IL 62447 Fax: 217-895-3839 Email: bevans@neoga.org or diana@neoga.org**

FOR OFFICE USE ONLY

Request Received By: _____ **Date:** _____
Document(s) made available on: _____ **Inspection Pickup U.S. Mail (circle one)**
Fees Collected: $_____**/Copies $**_____**/Certification $**_____ **/Other**

COMPLETE BELOW IF ACCESS TO ANY RECORD(S) IS DENIED

Reason for Denial (cite FOIA exemption):
_____
_____
Name/Title of Officer Issuing Denial: _____
Date of Response: _____ **Attach copy of all written responses for file.**