



To: Freedom of Information Officer, City of O'Fallon, 255 South Lincoln, O'Fallon, Illinois 62269

1. Requester Information

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE (S): _____

e-mail address: _____

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

The records above are requested for: Inspection Copy Certification

(Standard black and white photocopies will be provided at no charge for the first fifty (50) pages. Requestor will be charged 15¢ per page beyond fifty. Color copies are 20¢ per page. Certification is \$1 per document.)

Is this request being made for commercial purpose? Yes No

Note: "Commercial purpose" means the use of any part of a public record or any information derived from a public record 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 of O'Fallon. Each request for a public record or category of public records made in violation of this requirement (whether made as part of a single or multiple written requests) shall be subject to a fine of \$750 and such other penalties allowed by law.

The City of O'Fallon will respond to this request within five (5) business days. If responding to the request requires an extension of time up to five (5) additional 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: Maryanne Fair, FOIA Officer, 255 S. Lincoln, O'Fallon, IL 62269

Facsimile: (618) 624-4508, email: mfair@ofallon.org

For police requests: Capt. Jeff Wild, Deputy FOIA Officer, 285 N. Seven Hills Road, O'Fallon, IL 62269

Facsimile: (618) 632-6370, email: jwild@ofallon.org

For library requests: Molly Scanlan, Deputy FOIA Officer, 120 Civic Plaza, O'Fallon, IL 62269

Email: molly@ofallonlibrary.org

Request received by: _____ Date: _____ Date due: _____

Inspection: Pickup Mail (circle) Documents made available on: _____ Fees collected: _____

Certification: _____ Reviewed by: _____ Entered into file on: _____

Reason for denial: _____

Date of response: _____ Attach a copy of all written responses for file.

Name and title of officer issuing the denial: _____