

REQUEST FOR RECORDS

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

1.	Requester Information NAME:						
	CITY:		STATE:	ZIP:			
	TELEPHONE (S):						
	e-mail address:						
	ribe below the public rec ossible. If known, includ				expedite	the search	, be as specific
The r	ecords above are request	ed for:	Inspection	☐ <u>Copy</u>	□ <u>Certific</u>	cation	□Electronic
(Stand	dard black and white photocop ed 15¢ per page beyond fifty.(ies will be pr Color copies	ovided at no c are 20¢ per pa	harge for the fi	irst fifty (50) on is \$1 per c	pages. Reque locument.)	estor will be
Is this	s request being made for o	commercial	purpose?	☐ Yes		□ No	
requi	City of O'Fallon will respon res an extension of time u mercial requests will receiv	p to five (5)	additional d	ays, the requ	uestor will l	be sent notic	
	(Requestor Signature)				(Date)		
	office use only: Check approperties of the conference of the confe						 ed:
Certif	fication? Yes No	If denied, a	ttach reasor	n. Attach a co	opy of writte	en response	es for file.
Facsi For p Facsi For li	or deliver to: Maryanne Fa imile: (618) 624-4508, em olice requests: Clara Harri imile: (618) 632-6370, em brary requests: Molly Sca I: molly@ofallonlibrary.org	ail: <u>mfair@</u> son, Deput ail: <u>DistList</u> nlan, Depu	<u>ofallon.org</u> ry FOIA Offic -PoliceREC	er, 285 N. S ORDS@ofall	even Hills	Road, O'Fal	