



**REQUEST FOR
PUBLIC RECORDS
THE UNDER
ILLINOIS FREEDOM
OF
INFORMATION ACT**

VILLAGE USE	
DATE RECEIVED:	_____
VIA:	<input type="checkbox"/> FAX <input type="checkbox"/> IN PERSON <input type="checkbox"/> POSTAL MAIL <input type="checkbox"/> EMAIL
DATE DELIVERED TO JUNK/SPAM	_____
FOLDER:	_____
DATE DISCOVERED IN JUNK/SPAM	_____
FOLDER:	_____
RESPONSE DATE:	_____
RESPONDED VIA:	_____

NAME: _____

ADDRESS: _____

PHONE: _____

FAX: _____

EMAIL: _____

PERSON OR ENTITY REPRESENTED (IF ANY): _____

**DESCRIBE THE RECORD(S) YOU ARE REQUESTING AS SPECIFICALLY AS POSSIBLE.
YOU MAY USE THIS FORM OR ATTACH ADDITIONAL SHEETS.**

PREFERRED METHOD OF DELIVERY

- WILL PICK UP
 MAIL TO THE ABOVE ADDRESS
 EMAIL TO THE ABOVE ADDRESS
 DIGITAL MEDIA DEVICE (REQUESTOR MUST PROVIDE OR REIMBURSE FOR DEVICE COST)

I have requested a copy of records or a request to inspect records, pursuant to the Illinois Freedom of Information Act. I understand that the Village must respond to this request within five (5) business days after receiving this request.

**REQUESTOR'S
SIGNATURE:** _____

DATE: _____

Return completed FOIA Request Forms to: Village of Rapids City, 1204 4th Avenue, PO Box 134, Rapids City, IL 61278; Fax to: 309-496-1203 or Email to: vorc@rapidscity.us