

CITY OF GALESBURG

City Clerk's Office

Operating under Council - Manager form of Government Since 1957

Freedom of Information Request

From the City of Galesburg under the Illinois Freedom of Information Act Date _____

Name of Requester _____

Request Submitted by _____ Email _____ U.S. Mail _____ Fax/Phone _____ In Person _____

Street Address _____

City, State, Zip Code _____

Phone Number _____ Email _____

Records Requested (provide as much specific detail as possible so that the public body can identify the information that you are seeking. You may attach additional pages, if necessary. Please type or write legibly)

Please send the information as _____ Electronic Copies _____ Paper Copies
If you are requesting electronic copies, please make sure you have given us a legible e-mail address.

Is this request for a Commercial Purpose? _____ Yes _____ No
(It is a violation of the Freedom of Information Act for a person to knowingly obtain a public record for a commercial purpose without disclosing that it is for commercial purpose, if requested to do by the public body (5 ILCS 140.3.1©))

The City of Galesburg will respond to the above request within five (5) working days from the above date.

FOR OFFICE USE ONLY

The records requested have been reviewed and are appropriate for release under the guidelines of the Illinois Freedom of Information Act, except the following records:

Reasons access was denied to the above records (specify section of the Illinois Freedom of Information Act which applies)

Copies were provided to the applicant on _____ Date _____ Electronic _____ Paper _____

Signature of Employee

Routing	<input type="checkbox"/> Police	<input type="checkbox"/> Fire	<input type="checkbox"/> Engineering	<input type="checkbox"/> Public Works
	<input type="checkbox"/> Community Development	<input type="checkbox"/> Administration	<input type="checkbox"/> Finance	<input type="checkbox"/> City Manager
	<input type="checkbox"/> Other	<input type="checkbox"/> Health Benefits	<input type="checkbox"/> Risk Manager	<input type="checkbox"/> P.I.O

Form & information MUST be returned to the City Clerk's Office within five (5) days. Applicant will be contacted by the City Clerk. If response is sent by your department, a copy must be provided to the City Clerk's office.

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All requests for city documents will be directed to the FOIA Officer in the City Clerk's Office. Please forward all city document requests to City Clerk's Office, 55 West Tompkins Street, Galesburg, IL 61401 or fax to 309/344-0154. Requests for police documents are handled by the Police FOIA Officer and can be made in person at the Galesburg Police Department located at 150 South Broad Street, Galesburg, IL.

The City will provide to all Freedom of Information requests within five (5) working days of this receipt. If additional time is needed, you will be notified of the City's intent to respond within an additional five (5) working days as permitted under the Act. If any of the materials you have requested are exempt under the Act, you will be notified in writing of the specific exemption which applies to the documents and you will be provided with all non-exempt materials.

You may seek review of any denial, or partial denial, of your request by judicial review pursuant to Section 11 of the Act, or by submitting a request for review to the Public Access Counselor in the Office of the Attorney General at the address set forth below. Any request for review to the Public Access Counselor must be in writing, signed by you, must include a copy of your request and the response, or responses, you have received from the city, and must be filed not later than sixty days after the date of the denial.

Public Access Counselor
Office of the Illinois Attorney General
Public Access & Opinions Bureau
500 South second Street
Springfield, IL 62706

Rates are as follows	Photocopies (after page 50)	\$0.15
	Certification	\$1.00
	CD, Pictures, Maps, Plans, Etc.	\$5.00
	Police Department Accident Reports	\$10.00