



**FREEDOM OF INFORMATION ACT (FOIA)
REQUEST FORM**

Requester's Name: _____
Company: _____
Address: _____
City, ST, Zip: _____
Telephone Number: _____

Is this request for commercial purposes?* 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 a commercial purpose (5 ILCS 140/3.1(c))

Describe specifically the public records you are requesting:

Request to: Inspect
 Receive Copies
 Receive Certified Copies

Signature of Requester

Date

RETURN COMPLETED FOIA REQUEST FORM TO:

Village of Ashmore
10 W Ashmore St – PO Box 99
Ashmore, IL 61912
217-349-8358 (fax)
clerk@ashmore.gov

(FOR OFFICE USE ONLY)

Date Received: _____
How: In-person, Email, Mail, Fax, Website
Response Deadline: _____

Response Dated: _____
How: Inspection, Copies, Email, Flash Drive
Copies: _____
Fee Paid: \$ _____

Deadline Extension: _____
Reason for Extension: _____

Denial Notice Given: _____
Reason for Denial: _____