CITY OF COLLINSVILLE
REQUEST FOR PUBLIC RECORDS
UNDER THE FREEDOM OF INFORMATION ACT

Procedures: Any person, business, or organization requesting records of the City of Collinsville, Illinois, under the Freedom of Information Act shall make a request in writing by completing this Request for Public Records, or by any other means of a written request, and presenting it to the FOIA Officer, Collinsville City Hall, 125 South Center Street, Collinsville, Illinois, during normal business hours of Monday through Friday, 8:30 a.m. to 5 p.m., or by facsimile transmission to 618/343-3688, or by electronic mail to foi@collinsvilleil.org; or in the case of Police Department records, by presenting it to the Police Department FOIA Officer, Collinsville Police Department, 200 West Clay, Collinsville, Illinois, during normal administrative business hours of Monday through Friday, 8:30 a.m. to 5:00 p.m., or by facsimile transmission to 618/344-2137.

NAME OF REQUESTER (individual submitting the request):

REQUEST IS MADE ON BEHALF OF (self, name of business or organization):

SPECIFIC DESCRIPTION OF RECORDS REQUESTED:

REQUEST IS MADE: (check one or more)

____ For a commercial purpose.
____ To inspect the above described records. (Requester will be notified when records are available for inspection and a time and place will be mutually agreed upon. Refer to Section 2.110.070 of the City’s FOIA Ordinance)
____ For ___ copies of the above described records.
____ To pick up the copies of the above described records. (Requester will be notified when records are ready.)
____ For the above described records to be provided in electronic format (CD Rom) when available.
____ To have the copies of the above described records mailed. (Postage charges apply.)
____ To have the above described records sent by facsimile transmission to: ____________________________.
____ To have the above described records sent by electronic mail to: ____________________________.
____ For the above described records to be certified. Certify all. ________ Certify only records listed below:

Signature of Requester:

Date:

Address:

Phone Number:

FOR OFFICE USE ONLY

DATE RECEIVED: ______________________ DATE RESPONSE DUE: ______________________
RESPONSIBLE DEPT: ______________________ DATE FORWARDED: ______________________
DATE RETURNED: ______________________ DATE RESPONDED TO: ______________________