

City of Momence
FREEDOM OF INFORMATION
Request for Records
-PLEASE PRINT LEGIBLY -

REQUESTERS INFORMATION: Date of your request: _____

Name: _____

Telephone #: _____ Address: _____

City, State and Zip Code: _____

Date / Time of Incident: _____ Case Number _____

Type of Incident (IF APPLICABLE): _____

Location of Incident (IF APPLICABLE):

I am requesting the following record(s) for inspection / copying:

*'There is a \$. 10 charge per page for all pages over 50
and \$. 10 per page for color copies, when available.*

THE BELOW ITEMS WILL BE COMPLETED BY CITY OF MOMENCE PERSONNEL:

1. Date request received at Momence: _____

2. Name of Person who received the request at Momence: _____

3. Date response is due: _____

Response to Information Request

Date of compliance with request: _____ By: _____

Date of time extension agreement: _____ By: _____

Should your request be denied in full or in part, you will be notified by separate letter. If so, the below information will be applicable.

REQUEST FOR REVIEW: If your request for records has been denied, in -whole or in-part, you have the right to appeal this decision to:

Illinois Attorney General's Office
Public Access Review
500 S. 2nd Street
Springfield, Illinois 62706
2171558-0486
publicaccess@atg.state.il.us

You may also appeal your denial through the Kankakee County Circuit Court.