Village of *Milledgeville*
Carroll County, Illinois

For FOIA Officer Use

Request Number: _____
Received Date: _____
Response Due Date: _____

FOIA Request Form

TO: Village of Milledgeville FOIA Officer
344 N. Main Avenue, Box 639
Milledgeville, IL 61051
Email: villageclerk@milledgevilleil.gov

Date: _____

Request Submitted By: Email _____ US Mail _____ Fax _____ In Person _____

Printed Name of Requester: _____

Telephone: _____-_____-_____

Records requested (please be as specific as possible)

_____

_____

_____

_____

_____

How would you like to receive your records:

____ E-mail: Please provide a return email address: _____

____ US Mail: Please provide a return mailing address: _____

____ Fax: Please provide a return fax number: _____

____ In Person

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 a commercial purpose, if requested to do so by the public body. 5 ILCS 140.3.1(c)).
Are you requesting a fee waiver? YES _____ NO _____
(If you are requesting that the public body waive any fees for copying the documents, you must attach a statement of the purpose of the request, and whether the principal purpose of the request is to access or disseminate information regarding the health, safety and welfare or legal rights of the general public. 5 ILCS 140/6(c)).

Signature of Requester: _____

Request Received By: _____Date: _____

Records Sent Date: _____

Confirmed Receipt of Records: _____By _____

Signature of FOIA Officer _____