CLEAR LAKE TOWNSHIP

FREEDOM OF INFORMATION ACT
REQUEST FOR EXAMINATION OR COPY OF RECORDS

REQUESTER'S INFORMATION
Please Print or Type

Date of your request: _____

First Name: _____ Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (_____) _____ Fax: (_____) _____

Email: _____

Please indicate the purpose of your request: ☐ Personal ☐ Commercial

(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).)

Records Requested: *(Provide as much specific detail as possible. You may attach additional pages, if necessary.)*

_____

_____

_____

_____

NOTE TO REQUESTER: Retain a copy of this request for your files. If you eventually need to file a Request for Review with the Public Access Counselor, you will need to submit a copy of your FOIA request.

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 South Second Street
Springfield, Illinois 62706

publicaccess@atg.state.il.us

FOR OFFICE USE ONLY

Date request received: _____ Date response is due: _____

Name of person who received: _____

Date of compliance with request: _____ By: _____

Date of Time extension agreement: _____ By: _____