

City of Anna FOIA Request

Date Requested: _____ Name _____

Street Address: _____

City/State/County Zip (required): _____

Telephone: _____ E-mail: _____ Fax: _____

Request Submitted By: E-mail ___ U.S. Mail ___ Fax ___ In Person ___

Records Requested: **Provide as much specific detail as possible so the City of Anna can identify the information that you are seeking. You may attach additional pages if necessary.*

Is this request for Commercial Purpose? YES or NO

(It is a violation of the Freedom of Information Act for a person to knowingly obtain a public record for 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 ©.)

Are you requesting a fee waiver? YES or 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©.)

****Note to Requester:** When completed, please return this form to City Hall. For more information, please contact the City Clerk's office at 618.833.8528.

OFFICE USE ONLY

Date Received: _____ Picked up by Requester On: _____

Mailed to Requester On _____ Cost: _____

****Note—Please see attached, Methods of Requesting Records information page, to determine if or how much must be prepaid by the requestor.**

City of Anna
103 Market Street
Anna, IL 62906