

Village of Godfrey

Illinois

To: **Freedom of Information Officer, Village of Godfrey, Illinois 62035**

Requester Information

NAME: _____

ADDRESS: _____

CITY: _____

TELEPHONE(S): _____

Describe below the public records that you are requesting. To expedite the search, be as specific as possible. If known, include date(s) of requested records.

The records above are requested for: ☐ Inspection ☐ Copy ☐ Certification

Copies Requested: Digital ☐ Paper Copies ☐

(Standard black and white photocopies will be provided at no charge for the first fifty (50) pages. Requestor will be charged 15¢ per page beyond fifty. Color copies are 20¢ per page. Certification is \$1 per document.)

Is this request being made for commercial purpose? ☐ Yes ☐ No

Note: "Commercial purpose" means the use of any part of a public record or any information derived from a public record for sale, resale, or solicitation or advertisement for sales or services. It is a violation of the Freedom of Information Act to knowingly obtain information for a commercial purpose without disclosing that intent to the Village of Godfrey. Each request for a public record or category of public records made in violation of this requirement (whether made as part of a single or multiple written requests) shall be subject to a fine of \$750 and such other penalties allowed by law.

The Village of Godfrey will respond to this request within five (5) business days. If responding to the request requires an extension of time up to five (5) additional days, the requestor will be sent notice in writing. Commercial requests will receive a response within twenty-one (21) business days.

(Requestor Signature)

(Date)

Mail or deliver to: Jacki Clayton, FOIA Officer, 6810 Godfrey Road, P.O. Box 5067, Godfrey, IL 62035; Facsimile: (618)-466-9363, email: clerk@godfreyil.org

For *police* requests: Madison County Sheriff's Department; 405 Randle Street, Edwardsville, IL 62025; Facsimile: (618)-656-1210

Request received by: _____

Date: _____ Date Due: _____ Inspection: Pickup Mail (circle) Documents made available on: _____

Fees collected: _____ Certification: _____

Reviewed by: _____ Entered into file on: _____

Reason for Denial _____

Date of response: _____ Attach a copy of all written responses for file.

Name and title of officer issuing the denial: _____