



FREEDOM OF INFORMATION REQUEST

1400 Mt. Zion Parkway
Mt. Zion, IL 62549
www.mtzion.com
Office: 217-864-5424
Fax: 217-864-5935

DATE: _____

REQUESTOR'S NAME: _____

REQUEST SUBMITTED BY: _____ EMAIL _____ MAIL _____ FAX/PHONE _____ 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 140.31(c)).

ADDRESS: _____
(Number) (Street) (City) (State) (Zip)

PHONE: _____

RECORDS SOUGHT: (Be specific) _____

REQUESTOR'S SIGNATURE: _____

Please note: The first 50 pages requested are free, \$0.15 per copy after 50 pages. All responses to a request for public record will be within five business days after its receipt. For voluminous requests the time for response may be extended for an additional five business days.

OFFICE USE ONLY

Response Date: _____

Records made available: _____ EMAIL _____ MAIL _____ FAX/PHONE _____ IN PERSON

Request denied, and reason: _____

Copies made: Yes No

Number: _____

Fee Paid \$ _____

Other (attach correspondence):

Responder: _____