Name:	Request Date:
Address:	Compliance Date:
	Denial Date:
City/State:	Reason for Denial:
Zip Code:	
Telephone:()	
Request Submitted to: FOIA Officer -	Kristi Carter Village of Roxana 310 N. Central Roxana, IL 62084 Fax: 618-254-2316 E-mail: kcarter@roxana-il.org
Request Submitted by: E-Mail	U.S. Mail Fax In Person
that you are seeking. Additional pages may	ific detail as possible to help identify the information be attached, if necessary.
Do you want to receive copies of the docum Or do you want to review the documents at	nents?: YES NO the Village Hall? : YES NO
	ocument, do you want paper copies or electronic

Village of Roxana Freedom of Information Request

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 it is requested to do so by the public body. 5ILCS 140.3.1(c).

Are you requesting a fee waiver? _____YES ____NO If you are requesting a waiver of 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. 5ILCS 140/6(c).

Signature of Petitioner

Signature of Authority

Pages Copied: _____

Amount Due: \$_____

Return this form to the Village of Roxana Village Hall by fax: 618-254-2316 or mail to: 400 So. Central, Roxana, IL 62084.

All requests will receive a response within 5 (five) business days.