



**Mail requests to:**  
 City of St. Charles  
 Attn: FOIA Officer, Records Management Dept.  
 Two East Main Street, St. Charles, IL 60174  
 (630) 377-4400 Fax: (630) 377-4430

## Freedom of Information Act Request

<i>Date Received</i>
<i>Date Due</i> _____
<i>Ext. Date Due</i> _____

*Please type or print*

Name \_\_\_\_\_

Organization (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

Daytime Telephone No. (\_\_\_\_) \_\_\_\_\_ Fax No. (\_\_\_\_) \_\_\_\_\_

E-mail Address \_\_\_\_\_

Records requested (Please be as specific as possible. Include address, dates/timeframe, type of records, etc. Attach additional pages if necessary):

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Is this information to be used for commercial purposes; i.e. used for sale, resale or solicitation for sales or services? *(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)).*      Yes  No

Signature of Requester \_\_\_\_\_ Date \_\_\_\_\_

The City will respond to a request for public records within five (5) business days after receipt.

### City Use Only

**5-Day Extension:** Date Letter Sent \_\_\_\_\_ **Denied Request:** Date P.A.C. Notified \_\_\_\_\_

P.A.C. Response \_\_\_\_\_

Date Due to Records Management \_\_\_\_\_

**(Please be sure to include time spent working on this FOIA request)**

Routed to:	Time	Time	Time	Time	
<input type="checkbox"/> B&CE	_____	<input type="checkbox"/> City Admin	_____	<input type="checkbox"/> Community Dev.	_____
<input type="checkbox"/> Econ. Dev.	_____	<input type="checkbox"/> Electric	_____	<input type="checkbox"/> Finance	_____
<input type="checkbox"/> Fire	_____	<input type="checkbox"/> H.R.	_____	<input type="checkbox"/> Inventory Control	_____
<input type="checkbox"/> Police	_____	<input type="checkbox"/> P.W.	_____	<input type="checkbox"/> Purchasing	_____
				<input type="checkbox"/> U.B.	_____

Comments: \_\_\_\_\_

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