



Village of Cherry Valley
806 E. State Street
Cherry Valley, IL 61016
(815) 332-3441 Fax (815) 332-3414

**FREEDOM OF INFORMATION ACT (FOIA)
REQUEST FORM**

WRITTEN REQUEST FOR INSPECTION OR COPYING OF PUBLIC RECORDS

Name of person making request: _____

Address of person making request: _____

Telephone number of person making request: _____

Email address of person making request: _____

Date of request: _____

Is request for commercial purposes? Yes / No
(It is a violation of the Freedom of Information Act for a person to knowingly obtain a public record for commercial purposes without disclosing that it is for a commercial purpose.)

There is no charge for the first 50 pages, black and white, letter or legal size.
Additional pages billed at \$.15 per page. (All charges in accordance with state statute).

Describe in detail below the public records you are requesting and state whether you wish to inspect and/or copy such records. If you wish to receive the records in a specific electronic format, please describe.

The Village of Cherry Valley will respond to the above request within five (5) working days from the above date unless one or more of the seven (7) reasons for an extension of time provided for in Section 3(e) of the Act are invoked by the Village.

Signature of person making request

FOR COMPLETION BY FOIA OFFICER:

Date Received: _____
Date Response time expires: _____
Copy of request & attachments filed: _____
Date Scanned: _____

DEPARTMENT OR OFFICE

Public Works
Village Clerk
Administrator
Police
Other _____