



**REQUEST FOR RECORDS
FREEDOM OF INFORMATION ACT**

Village of Caseyville
909 S. Main Street, Caseyville, IL 62232
(618) 344-1234 (office)
(618) 394-1234 (fax)

Requester Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

E-mail address: _____

Date of request: _____ Time of request: _____

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 Electronic

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 50 pages. Color copies are .20 per page. Certification is \$1 per document. USB Flash Drive is \$5.

Is this request being made for commercial purpose? Yes No

The Village of Caseyville, Illinois will respond to the above request within (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 (d) of the Act are invoked by the Village. In no event shall the original records retrieved be allowed to leave the Village Hall.

Requestor Signature

Date

Initials of employee receiving request

Date

ROUTING OF REQUEST – FOR OFFICE USE ONLY
(DEPARTMENT OR OFFICE)

Clerk
Police
Zoning
Public Works
Administration
Other _____

If more than 5 days is required to fill response list the reason for additional time required:

If response is denied in whole or in a part, list the reasons for denial:

Requestors signature of receipt of requested records: _____

Date: _____

Total fees due: _____

Initials of employee delivering request: _____ Date: _____