



401 E. Third Street  
Kewanee, IL 61443-2365  
Voice 309-852-2611 Fax 309-856-6001

**I l l i n o i s**

## Freedom of Information Request

From:

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Phone No.

To: City Manager, Kewanee, IL

Specific Information or Material Desired: *Incomplete or ambiguous requests will not be honored.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I desire to: View or Purchase Copies

I need to be notified of estimated cost prior to authorizing copies: Yes No

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### Office Use Only

Date Received: \_\_\_\_\_ Time Received: \_\_\_\_\_ Staff Member: \_\_\_\_\_

Deadline: \_\_\_\_\_ Information transmitted on: \_\_\_\_\_ Cost: \_\_\_\_\_