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Freedom of Information Request

From:

Name

Address

City/State/Zip

Phone Number

To: City of Kewanee, FOIA Officer, Kewanee, Illinois 61443

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

I desire to: View Purchase Copies

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

Signature

Date

Office Use Only

Date Received: _____ Time Received: _____ Staff Member: _____

Deadline: _____ Information Transmitted on: _____ Cost: _____