



Village of Seneca

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FREEDOM OF INFORMATION REQUEST FORM

DATE: _____

I, _____, request the following information:

Under the Freedom of Information Act, I realize this request will be either complied with or denied within 5 working days after its receipt. I understand there is a charge associated with any additional pages over 50; fees are calculated at .15 cents per page due *prior* to release of information. Original signed form required prior to information being released.

Company: _____

Will this request be used for commercial purposes? Yes No

Your Name: _____

Your Phone: _____

Fax: _____

Your Signature: _____

