



City of Streator
ATTN: City Clerk
204 South Bloomington Street
Streator, Illinois 61364
Phone: (815) 672-2517
Fax: (815) 672-7566

FOR OFFICE USE ONLY	
File Folder # for this Request:	_____
Date Received:	_____
Date Response Time Expires:	_____
By (FOIA Officer):	_____

REQUEST FOR INFORMATION PER THE FREEDOM OF INFORMATION ACT (FOIA)

NOTE TO REQUESTER: Retain a copy of this request for your files. If you eventually need to file a Request for Review with the Public Access Counselor, you will need to submit a copy of your FOIA request.

1. Requester's Name: _____
2. Street Address: _____
3. City/State/Zip(required): _____
4. Telephone (Optional): _____ E-Mail (Optional): _____
5. Date of Request: _____ Time of Request: _____
6. Request Submitted By: E-Mail _____ U.S. Mail _____ Fax _____ In Person _____
7. Is this request for a Commercial Purpose? YES or NO: _____
(It is a violation of the Freedom of Information Act (FOIA) for a person to knowingly obtain a public record for a commercial purpose without disclosing that it is for a commercial purpose, if requested to do so by the public body. 5 ILCS 140.3.1(c)).
8. Are you requesting a fee waiver? YES or NO? If yes, state reason: _____

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

The City of Streator 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 City.

Signature of person making request: _____

ROUTING OF REQUEST—FOR OFFICE USE ONLY

FOR COMPLETION BY FOIA OFFICER

Copy of Request & Attachments Given to: _____ Date Given: _____

Date Request Completed: _____ Method of Delivery: _____

If Hand Delivered, Signature of Recipient: _____