



City of West Peoria

2506 West Rohmann Avenue
West Peoria, Illinois 61604-5031
Telephone: 309/674-1993
Fax: 309/674-6010

FREEDOM OF INFORMATION ACT (FOIA) REQUEST FOR INFORMATION

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 this FOIA request.

Date of Request: _____

Request Submitted By: Email ☐ U.S. Mail ☐ Fax ☐ In Person ☐

Purpose of Request: Personal ☐ Commercial ☐ Other ☐

Name of Requester: _____ Cell No.: _____

Street Address: _____

County/City/State/Zip (required): _____

Email: _____ Fax: _____

Records Requested: *Provide as much specific detail as possible so the public body can identify the information that you are seeking. You may attach additional pages, if necessary.*

Would you like to receive: Electronic Copies ☐ or Paper Copies ☐ first 50 pages no charge, 15¢ per page

Is this request for a Commercial Purpose? YES ☐ NO ☐

(It is a violation of the Freedom of Information Act 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))

Are you requesting a fee waiver? YES ☐ NO ☐

(If you are requesting that the public body waive any fees for copying the documents, you must attach a statement of the purpose for the request, and whether the principal purpose of the request is to access or disseminate information regarding the health, safety and welfare or legal rights of the general public. 5 ILCS 140/6(c)).