



CITY OF ZION FREEDOM OF INFORMATION ACT REQUEST

Date of Request: _____ Name: _____

Address: _____ City _____ State _____ Zip Code _____

Phone No.: _____ Cell Phone No.: _____ Email: _____

Person or Entity Represented: _____

Description of Document Requested (be as specific as possible): _____

Request Documents for:

_____ Inspection _____ Copies _____ Copies for Mail Delivery: Address (if different than above): _____

Purpose of Request:

_____ Research Personal Information

_____ Commercial Use

_____ Other: (Please Specify) _____

Signature of Requesting Party: _____

Unless otherwise noted, your request for public records will be compiled within five (5) business days after its receipt.
If documents are over 50 pages, there will be a charge of \$.15 per page thereafter.

FOR OFFICE USE ONLY:

Received by the City on: _____ Delivered to Requestor by: Mail on _____ In Person on _____

or notified Requestor: for and extension on _____ or a Denial on _____

Request fulfilled by: _____