



CITY OF ZION FREEDOM OF INFORMATION ACT REQUEST

FOR OFFICE USE ONLY:

Received On: _____

Deadline Date: _____

Signature: _____

Date of Request: _____ Name of Requestor: _____

Address: _____ City _____ State _____ Zip Code _____

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

Person or Entity Represented: _____

Please describe in detail, addresses, dates and time frame, of the document(s) being requested: _____

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

****If your document request is for inspection, an appointment must be made with the City Clerk to view the documents during regular business hours.**

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:

Delivered to Requestor by: Mail on _____ In Person on _____ Fax on _____ E-mail on _____

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

Request fulfilled by: _____