

CITY OF ZION FREEDOM OF INFORMATION ACT REQUEST

FOR OFFICE USE ONLY:					
Received On:					
Deadline Date:					
Signature:					

Date of Request:	Name of Requ	uestor:			
Address:		City		State	Zip Code
Phone No.:	Cell Phone	e No.:		Email:	
Person or Entity Represented	:				
Please describe in detail, add	esses, dates and time	e frame, of the	document(s) be	eing requested:	
Preferred method of delivery:Pick up docume		ion	Copies by Po	estal Mail	Copies by Email
**If your document request is f business hours.	or inspection, an appoi	intment must b	e made with the	City Clerk to view	the documents during regula
Purpose of Request:					
Research P	ersonal Information				
Commercia	l Use				
Other: (Plea	ise Specify)				
Signature of Requesting Party	r				
	I, your request for pub uments are over 50 pa				ess days after its receipt. ereafter.
FOR OFFICE USE ONLY:					
Delivered to Requestor by: Ma	ا on	In Person o	n	Fax on	E-mail on
or notified Requestor: for and	extension on	or	a Denial on		
Request fulfilled by:					