

TO: City of Sandwich – 144 E. Railroad Street, Sandwich, IL 60548
Phone: (815) 786-9321 Fax: (815) 786-7012

REQUEST FOR COPIES OF NON-EXEMPT CITY OF SANDWICH PUBLIC RECORDS
ALL REQUESTS MUST BE IN WRITING

Under the Illinois Freedom of Information Act

I, _____, residing at _____
(Name of person making request) (Address of person making request)

_____, phone number or e-mail _____,
hereby request copies of the following specific City of Sandwich public records:

Will you use part or all of the records: to sell, to solicit, or advertise for sales or services?

Yes No

Are you any of the following: news media, not-for-profit organization, scientific or academic institution:

Yes No

The City of Sandwich will respond to the request within five (5) business days from the date this request is received.

If there is a fee for copies, it must be paid prior to the release of records. Fees, if applicable, are posted in the office of the City Clerk and on our web site, www.sandwich.il.us.

Respectfully submitted,

Signature of Person requesting copies of city records Date

[Routing Request - For Office Use Only]

Received by: _____ Date: _____

FORWARD TO THE FOIA OFFICER UPON RECEIPT - NOTE DATE RECEIVED.

FOIA Office received: ___/___/___ Period for response expires: ___/___/___

Approved: ___/___/___ By: _____

Copies Made: _____ Amount Due: \$ _____

Comments: _____

Denied: ___/___/___ By: _____

Comments: _____

Denial letter sent: ___/___/___