

Freedom of Information Act Request Form

Village of DeSoto
210 West Lincoln Street, PO Box 467
DeSoto, IL 62924
618-867-2315
618-867-2696 fax
villageofdesoto.com

Date of Request _____

Requestor's Name _____

Company _____

Address _____

City, State, Zip Code _____

Telephone Number _____

Email Address _____

I, the undersigned, do hereby request copy(s) that are maintained by the Village of DeSoto, Illinois, which pertain to (be specific):

Requestor's Signature

Note: Please be reminded all applicable fees must be prepaid. Therefore, if you would like copies mailed to you, we will contact you about the total price of the copies, certification, postage, etc., prior to mailing in order that you may remit payment. After receipt of payment, your copies will be mailed. To avoid a delay in receiving your copies, it is recommended that you retrieve your copies at the DeSoto Village Hall once they become available.

If your request is denied, you may file an appeal to: Public Access Appeal Officer, Illinois Attorney General, 100 West Randolph, 12th Floor, Chicago, IL 60601.

(For Department Use Only)

Date request was received _____ By

Records made available (Date)

Request denied, and reason

Copies made: ____ yes ____ no

Number: _____

Fee Paid \$ _____

