

Freedom of Information Act Request Form

Village of Palestine, Illinois



FOIA Officer
301 S Main St
Palestine, IL 62451
(618) 586-2777
(618) 586-9471 (Fax)

Date _____
Requestor's Name _____
Company _____
Address _____
City, State, ZIP _____
Phone Number _____
Requestor's Email Address _____

RECORDS SOUGHT: List records requested below. Please be specific.

Requestor's Signature _____

Return completed FOIA Request Form to: Village of Palestine, FOIA Officer, 301 S Main St., Palestine, IL 62451; fax to (618) 586-9471; or email to villagehall@villageofpalestine.com

If your request is denied, you may file an appeal to: Public Access Bureau, Illinois Attorney General, 500 S. 2nd Street, Springfield, IL 62701; fax to 217-782-1396; or email to Public.Access@ilag.gov.

(FOR DEPARTMENT USE ONLY)

RESPONSE:

Records made available: ☐ Date _____

Request denied and reason: ☐ _____

Copies made: ☐ Yes

☐ No

Number _____

☐ Media Exemption

Fee paid \$ _____

Other (attach correspondence):

Date Stamp Receipt