

Village of Glasford

305 S. Oak St – P.O. Box 140 – Glasford, IL 61533

Ph: 309-389-5152 Fax: 309-389-5154 Police Fax: 309-389-2478
email: glasfordvill@glastel.net Website: www.GlasfordIL.com

Jack W. Rudd, Jr. – Mayor
Christopher Beachler – Police Chief

Tammy Jo Stetler – Clerk / Treasurer
Keith Reimer – Streets / Maintenance Supt.

FOIA REQUEST

Date Requested: _____ Request Submitted By: ___ E-mail ___ U.S. Mail ___ Fax ___ In Person

Name of Requester: _____

Street Address / PO Box: _____

City/State/Zip(required): _____

Telephone Number: _____ E-mail (Optional): _____ Fax (Optional): _____

Records Requested and Reason: *Provide as much specific detail as possible so the public body can identify the information that you are seeking. You may attach additional pages, if necessary.

Do you want copies of the documents? _____ YES or _____ NO

--Do you want _____ Electronic Copies or _____ Paper Copies?

--If you want Electronic Copies, in what format? _____

Is this request for a Commercial Purpose? _____ YES or _____ NO (It is a violation of the Freedom of Information Act for a person to knowingly obtain a public record for a commercial purpose without disclosing that it is for a commercial purpose, if requested to do so by the public body. 5 ILCS 140.3.1(c)).

Signature of requester: _____

Note to Requester: Retain a copy of this request for your files. If you eventually need to file a Request for Review with the Public Access Counselor, you will need to submit a copy of your FOIA request.

DO NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY.

NAME AND DEPARTMENT TITLE OF PERSON REVIEWING REQUEST:

NAME: _____ TITLE: _____

DATE: _____ [] APPROVED [] DENIED

COMMENTS: _____

POLICE REPORT NO.: _____