

CITY OF AUBURN, ILLINOIS

TO: Freedom of Information Officer, City of Auburn, Illinois 62615

Requestor Information:

Name: _____

Address: _____

City, State, Zip Code: _____

Telephone: _____

E-Mail: _____

Describe below the public record(s) that you are requesting. To expedite the search, be as specific as possible. If known, include date(s) of requested records.

The record(s) above are requested for: Inspection Copy Certification
(Standard black and white photocopies will be provided at no charge for the first fifty (50) pages. Requestor will be charged 15 cents per page beyond fifty (50). Color copies are 20 cents per page. Certification is \$1 per document.)

Is this request being made for commercial purposes? Yes No

Note: "Commercial purpose" means the use of any part of a public record or any information derived from a public record for sale, resale, or solicitation or advertisement for sales or services. It is a violation of the Freedom of Information Act to knowingly obtain information for a commercial purpose without disclosing that intent to the City of Auburn. Each request for a public record or category of public records made in violation of this requirement (whether made as a part of a single or multiple written requests) shall be subject to a fine of \$750 and such other penalties allowed by law.

The City of Auburn will respond within five (5) business days. If responding to the request requires an extension of time up to five (5) additional days, the requestor will be sent notice in writing. Commercial requests will receive a response within twenty-one (21) business days.

(Requestor Signature) (Date)

Mail or deliver to: Andrew Jarmer - Sorling Northrup Law Offices, 1 N Old State Capitol, Plaza #200, Springfield, IL 62701
E-mail: atjarmer@sorlinglaw.com

Request received by: _____ Date: _____
Date Due: _____ Inspection _____
Documents made available on: _____ Fees collected: _____ Certification: _____
Reviewed by: _____ Entered Into File On: _____
Reason for Denial: _____
Date of Response: _____ Attach a copy of all written responses for file. Name and Title of Officer Issuing the Denial:
