## **VILLAGE OF SOUTHERN VIEW**

## FREEDOM OF INFORMATION RECORDS REQUEST FORM

**Please print**		
Date of Request:		
Name:		
Address:	***	
City, State, Zip		
Phone:		_ Email:
Pursuant to the provision receive a copy of the fo		n of Information Act, I do hereby request to inspect and/or
		.5 per page. All requests shall be complied with or denied, o by both parties, this time frame may be adjusted.
Should your request be	denied in full or in part,	you will be notified.
If so, the information be	elow will be applicable.	
Request for Review Info	·	est for records has been denied, in-whole or in-part, you
OFFICE USE ONLY:	Illinois Attorney Genera Public Access Review 500 S. 2 <sup>nd</sup> Street Springfield, IL 62706 217-558-0486 publicaccess@atg.state	
		Date response is due:
		Ву:
•		By:
		Fee Charged:

## FREEDOM OF INFORMATION ACT RATES

## **EFFECTIVE 8/23/12**

Pursuant to the Illinois Freedom of Information Act, photocopies of public records requested under FOIA shall be made available to the person making the request as follows:

- 1. The first 50 pages will be produced free of charge
- 2. For each page thereafter, the Village of Southern View will charge the person making the request \$0.15 cents per page.