

FREEDOM OF INFORMATION ACT REQUEST FORM

Knox County Housing Authority
216 W. Simmons St.
Galesburg, IL 61401

Office: (309) 342.8129
Fax: (309) 342.7206
<https://knoxcountyhousing.org>



Date of Request

Requestor Name

Company/Organization

Street Address

City State Zip

Telephone Email

RECORDS SOUGHT: Please indicate, in as much detail as possible, the specific records or information sought.

- An individual request seeking information for personal use.
- A private company/organization seeking information for use in the company's business.
- This request is being made as part of a news gathering effort and not for commercial use.
- This request is entitled to a reduction/waiver of fees under 5 ILCS 140/6©.

FEE WAIVER: If requesting a reduction or waiver of fees, please state the specific purpose of the request.

A person whose request to inspect or copy a public record is denied by a public body may file a request for review with the Public Access Counselor established in the Illinois Office of the Attorney General not later than 60 days after the date of the final denial. The request for review must be in writing, signed by the requester, and include (i) a copy of the request for access to records and (ii) any responses from the public body. (5 ILCS 140/9.5)

FOR KCHA USE ONLY

Approval/Denial Date record(s) made available

Reason(s) for denial

Fee Waiver Granted Yes No Fee Assessed

KCHA Representative