

CITY OF GILMAN, ILLINOIS
FREEDOM OF INFORMATION ACT REQUEST

Return to: City Clerk, City of Gilman, 215 N. Central St., P. O. Box 215, Gilman, IL 60938 or e-mail to: clerk@cityofgilman.com

DATE: _____, 20__

NAME: _____

ADDRESS: _____

DAYTIME TELEPHONE NO.: (_____) _____

E-MAIL: _____

Please describe the information/records you are requesting in as much detail as possible. This will enable us to find the records quickly.

I wish to:

Inspect Only Inspect & Receive Copies Receive Copies Only Receive Cert. Copies

Receive: Printed copies or Electronic "PDF" copies

Certification of Commercial/Non-Commercial Request

"Commercial purpose" means the use of any part of a public record or records, or information derived from public records, in any form for sale, resale, or solicitation or advertisement for sales or services. 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.

I hereby certify that my request: is for a commercial purpose is not for a commercial purpose

Signature of Requestor

COST OF COPIES: Paper - 15¢ per page, 1st 50 pages free; Computer records - 75¢ per CD, \$1.00 per DVD. Payment of estimated cost will be required prior to search.