

**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: [cityofgilman\\_04@sbcglobal.net](mailto:cityofgilman_04@sbcglobal.net)

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.

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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, 1<sup>st</sup> 50 pages free; Computer records - 75¢ per CD, \$1.00 per DVD. Payment of estimated cost will be required prior to search.