

Send Request to: **FOIA Director**
304 S. Indiana Ave.
Kankakee, IL 60901
Fax No.: **815-933-0528**
e-mail address: **FOIA@citykankakee-il.gov**

No. 20 _____ - _____

CITY OF KANKAKEE
STATE OF ILLINOIS

Department: _____ Date: _____

REQUEST FOR PUBLIC RECORDS

Pursuant to the Freedom of Information Act, 5/ILCS 140/1.1 et sec., effective January 1, 2010, I hereby request the following public records within five (5) working days:

EXACT DESCRIPTION/TITLE

- 1)
- 2)
- 3)
- 4)
- 5)

City of Kankakee will only produce copies of those documents requested and described with a responsible degree of accuracy. The city is not required to guess at what is being requested. Nor is the City required to compile lists not in existence, or interpret or extrapolate information.

_____ I request to inspect these public records in person during regular office hours in the Department where they are maintained.

_____ I request _____ copies of these records and I understand that the first 50 pages of copies will be free of charge and thereafter I will pay .15¢ per page for any copies. Actual costs of copying will be charged for Maps and other similar documents. All such charges must be paid for in advance.

_____ I request that all fees be waived or reduced in the public interest because the furnishing of the information requested can be considered as primarily benefiting the general public.

Name

Address

City, State, Zip

Telephone

Request received by: _____

Reply Sent by: _____

Date: _____, 20____

Date: _____, 20____

Time: _____ o'clock _____. M.

Time: _____ o'clock _____. M.