

**City of Rock Island
OFFICE OF THE CITY CLERK**

FREEDOM OF INFORMATION REQUEST

YOUR NAME: _____ DATE OF REQUEST: _____

YOUR ADDRESS: _____ CITY/STATE/ZIP: _____

TELEPHONE NUMBER: HOME: _____ WORK: _____

WHAT INFORMATION ARE YOU REQUESTING? PLEASE BE SPECIFIC and PRINT CLEARLY.
(ADDRESS/AREA/TIME PERIOD - from.... YEAR to.... YEAR, MONTH, ETC. -
INCLUDE BIRTHDATE, SS# OF PERSON NAMED BELOW)

I understand that the charges are **25 cents per side**, except for Illinois Traffic Crash Reports, which are **\$5.00 each**.

SIGNATURE OF PERSON REQUESTING INFORMATION: _____

STOP HERE - INFORMATION BELOW TO BE COMPLETED BY THE CITY CLERK'S OFFICE

Request received by: _____ Title: _____
Signature

Forwarded to: _____ On this date: _____

Due back in City Clerk's Office On: _____ (7 Business days)

IF THE REQUEST IS BEING DENIED, A WRITTEN REASON FOR DENIAL IS REQUIRED. ALL INFORMATION (AND/OR DENIAL LETTER) SHALL BE FORWARDED TO THE OFFICE OF THE CITY CLERK, WHO SHALL THEN BE RESPONSIBLE FOR DISTRIBUTION AND COLLECTION OF FEES AS REQUIRED BY STATE STATUTES AND LOCAL ORDINANCES.

The above information was received by: _____ Date: _____
Signature

Charges = number of copies ____ X 25¢ = _____
Charges for Illinois Traffic Crash Reports ____ X \$5.00 = _____ Total Amount Due: _____

Receipt # _____ Person providing copies _____
Signature

I have reviewed the information provided by the City of Rock Island, and will not need to request copies.

Recipient's Signature: _____ Date: _____ (No Charge) _____ copies

Notification to Client: (Date and method)