



City of Breese  
500 N. 1<sup>st</sup> St. • Breese, IL 62230  
618.526.7731

## FREEDOM OF INFORMATION ACT (FOIA) REQUEST TO CITY OF BREESE

Date Request Submitted: \_\_\_\_\_  
Requester Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

### RECORDS REQUESTED

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is the request for a commercial purpose?  Yes  No

(It is a violation of the Freedom of Information Act for a person to knowingly obtain a public record for commercial purpose without disclosing that it is for a commercial purpose, if requested to do so by the public body. 5ILCS 140.3.1(c)).

Fees: First 50 normal size 8x11 black & white copies are free. Additional letter or legal black & white copies are \$0.15/page. Abnormal size or color copies are at actual cost or \$0.30/copy. All fees can be collected in advance.

I am willing to pay up to \$\_\_\_\_\_ for the processing of this request. Please inform me if the estimated fees will exceed this limit before processing my request.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Requester Signature

City of Breese cost to provide requested data \$\_\_\_\_\_.