



City of Breese
500 N. 1st St. • Breese, IL 62230
618.526.7731

**FREEDOM OF INFORMATION ACT (FOIA) REQUEST
TO CITY OF BREESE POLICE DEPARTMENT**

Date Request Submitted: _____
Requester Name: _____
Address: _____
City, State, Zip: _____
Phone: _____

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 \$_____.