VILLAGE OF MANHATTAN
260 Market Place, Manhattan, IL 60442
815/418-2100 Fax 815/478-5103
www.villageofmanhattan.org

FREEDOM OF INFORMATION

Date and Time of Request: _____________ Received By: _____________ Due Date: _____________

Name of person making request: ________________________________________________________________

Full address: ________________________________________________________________________________

Telephone: _____________________________________ Email: _________________________________________

Describe below the public records you are requesting. Please state whether you wish to inspect copy or receive records electronically. State whether such public records are to be certified.

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“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. Commercial purpose means the use of any part of public record or records, or information derived from public records, in any form for sale, resale, or solicitation or advertisement for sales or services.”

Will this request be used for commercial purposes:   Yes ☐ No ☐

The Village of Manhattan will respond to the above request within five (5) working days from the above date, or 21 days if to be used for commercial purposes, unless one or more of the seven (7) reasons for an extension of time provided for in Section 7 of the Freedom of Information Act are invoked by the Village.

There is no charge for the first 50 pages of black and white, letter or legal sized paper. The fee shall not exceed 15 cents per copy thereafter. Additional fees may be charged for copies larger than 8 ½ x 11.

Signature of person making request _____________________________________________________________________________________________________________

FOR OFFICE USE ONLY: ROUTING OF REQUEST TO THE FOLLOWING DEPARTMENT
Action Taken/Attach copy _____________________________________________________________

□ Administration
□ Development/Building
□ Finance
□ Police
□ Public Works

DATE TO STAFF: _______________________________________________________________________  DATE COMPLETED ____________

FOIA OFFICER’S INITIALS ___________________ REQUEST #: ________________________