



City of Braidwood
141 W. Main St.
Braidwood, IL 60408
815-458-2333 Fax: 815-458-6074



Freedom of Information Act Request Form

Requester's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone No.: _____ Fax No.: _____

Email: _____

Date Requested: _____

Requested Submitted By: E-mail U.S. Mail Fax In Person

If request is sent by email please send to: foia@braidwood.us

Records Requested: * Provide as much specific detail as possible so the public body can identify the information that you are seeking. You may attach additional pages, if necessary.

Is this request for a Commercial Purpose? YES or NO

(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 if requested to do so by public body. 5 ILCS 140.3.1 (c)).

Do you want Electronic Copies or Paper Copies? _____

Signature

Date

For Office Use Only

Records made available Request denied If denied, why? _____

Date Request Received: _____ Due Date: _____

*FOIA fees: Hourly charges-after first 8 hours of manpower time will be charged \$10 per hour
Page fees-after first 50 black and white pages charges will be \$.15 per black and white page, additional charges for color copies.