CITY OF SULLIVAN

FREEDOM OF INFORMATION REQUEST

Requestor's Name (or business name, if applicable)	Date of Request	Phone number
Street Address	Certification requested: _____ Yes _____ No	
City State Zip		

Description of Records Requested:

_____

_____

_____

Is the reason for this request a "commercial purpose" as defined in the Act? ___ Yes ___ No

City's Response (Requestor does not fill in below this line)

APPROVED	( )	The documents requested are enclosed.
	( )	You may inspect the records at _____ on the date of _____.
	( )	The documents will be made available upon payment of copying costs of $_____.
	( )	**For "commercial requests" only:** the estimated time of when the documents will be available is _____, at the prepaid costs stated above.
DENIED	( )	The request creates an undue burden on the public body in accordance with Section 3(g) of the Freedom of Information Act, and we are unable to negotiate a more reasonable request.
	( )	The materials requested are exempt under Section 7 _____ of the Freedom of Information Act for the following reasons: _____ _____ Individual(s) that determined request to be denied and title: _____ _____. In the event of a denial, you have the right to seek review by the Public Access Counselor at (217) 558-0486 or 500 S. Second St., Springfield, IL 62705 Or you have the right to judicial review under section 11 of FOIA.
	( )	Request delayed, for the following reasons (in accordance with 3(e) of the FOIA): _____. You will be notified by the date of _____ as to the action taken on your request.

NOTE: This form cannot be MANDATORY under FOIA, but it is preferred. Failure to use it may result in the request not being properly or promptly processed.

FOIA Officer	Date of Reply