

VILLAGE OF MAHOMET
FREEDOM OF INFORMATION ACT REQUEST

TO BE FILLED IN BY REQUESTOR: DATE: _____

NAME: _____

ADDRESS: _____

TELEPHONE NUMBER (Between 8:00 a.m. and 4:30 p.m. M - F): _____

SPECIFICATION OF REQUESTED DOCUMENTS

Description of Document Requested:	
	Request to: (Check one)
Approximate Date of Document	<input type="checkbox"/> Inspect only
	<input type="checkbox"/> Inspect and Receive copies
Other Information/Remarks	<input type="checkbox"/> Receive Copies Only
	<input type="checkbox"/> Inspect and Receive Certified Copies
	<input type="checkbox"/> Inspect Certified Copies Only

Signature of Requestor

*NOTE: Return this form to the Village of Mahomet Administrative Office, Village Clerk, P.O. Box 259, Mahomet, IL 61853-0259

FOR OFFICE USE ONLY	Date Received:	Date Disposed:
DATE DUE:	EXTENSION REQUESTED:	EXTENSION DUE DATE:
DISPOSITION: (Check one)	COMPLY <input type="checkbox"/>	PARITALLY COMPLY <input type="checkbox"/>
METHOD:	MAIL <input type="checkbox"/>	IN PERSON: <input type="checkbox"/>
DENY <input type="checkbox"/>		
TIME SPENT: <input type="checkbox"/>		
STAFF INVOLVED:		
NO. OF PAGES:		
COST:		

SPECIFICATION OF REQUESTED DOCUMENTS

Description of Document(s) Requested: _____

Approximate Date of Document(s): _____

Other Information/Remarks: _____

Request to: (Check One)

Inspect only

Inspect and Receive Copies

Receive Copies Only

Inspect and Receive Certified Copies

Receive Certified Copies Only

Signature of Requestor

Print Name

VILLAGE OF MAHOMET
REQUEST FOR WAIVER OF FEE OR REDUCED CHARGE
(Documents may not be removed from Village Office)

Pursuant to the Illinois Freedom of Information Act, the undersigned hereby certifies:

1. That the undersigned desires to inspect and copy the following described documents:)

2. That the undersigned seeks to receive these documents without fee or at a reduced charge for the following reason/use:

3. That waiver or reduction of the duplication fee is in the public interest specifically because*:

Date: _____

_____ (Name)
_____ (Address)
_____ (City, State, Zip)

*NOTE: A fee waiver/reduction will be granted only if it appears that the principal purpose of the request is to access and disseminate information regarding the health, safety and welfare or the legal rights of the general public and is not for the principle purpose of personal or commercial benefit.

For Office Use Only:

_____ Approved Date: _____
Village Clerk _____ Denied

DENIAL OF FREEDOM OF INFORMATION ACT REQUEST

TO: _____ DATE: _____
(Requestor's Name)

(Address) (City, State, Zip) (Telephone)

FROM: _____
(Name) (Job Title)

Your request of _____ for _____
(Date) (Describe Document)

is denied in full _____: in part _____ for the following reason(s):

- _____ A. It is information which would constitute a clearly unwarranted invasion of personal privacy and for which no consent in writing by the individual has been received (Exemption 7(b)(1)).
- _____ B. It is information revealing the identity of persons who file complaints with or provide information to administrative, investigative or law enforcement divisions of the Village (Exemption 7(b)(1)).
- _____ D. It is a record compiled for administrative enforcement proceedings or for law enforcement purposes or for internal matters of a public body, and disclosure would:
 - _____ (i) interfere with pending or actually and reasonably contemplated law enforcement proceedings conducted by any law enforcement or correctional agency:
 - _____ (ii) interfere with pending administrative enforcement proceedings conducted by any public body:
 - _____ (iv) unavoidably disclose the identity of a confidential source or confidential information furnished only by the confidential source:
 - _____ (vii) endanger the life or physical safety of law enforcement personnel or any other person: or
 - _____ (viii) obstruct an ongoing criminal investigation. (Exemption 7(1)(c)).
- _____ E. It is criminal history record information maintained by State or local criminal justice agencies not otherwise publicly available (Exemption 7(1)(d)).

You have the right to appeal this denial to the Village President for the Village of Mahomet by filing the appeal form attached within seven (7) working days.

cc. Village Clerk
Village Attorney

TO: Village President
Village of Mahomet
503 E. Main Street
P.O. Box 259
Mahomet, IL 61853-0259

FROM: _____
(Name)

(Address)

(City, State, Zip)

(Telephone Number)

NOTICE OF APPEAL TO HEAD OF PUBLIC BODY
FROM DENIAL OF ACCESS TO PUBLIC RECORDS

I hereby appeal, pursuant to the provisions of the Illinois Freedom of Information Act, to the Village President of the Village of Mahomet, Illinois, as head of the public body known as the Village of Mahomet, Illinois, from denial to me, in whole or in part, or access to public records.

I made a written request for the following records: (Be specific)

My request was denied _____ in whole, or _____ in part (check one) on
_____, by _____.
(Date) (Name)

(Title)

Copies of my written request and the notice of denial and the reasons therefore are attached.

My appeal should be granted because: _____

Date

Appellant's Signature