



CITY OF DECATUR ILLINOIS

#1 GARY K. ANDERSON PLAZA

DECATUR, ILLINOIS 62523-1196

PHONE: 217-424-2708

FAX: 217-450-2297

Request for Public Record

Name of Requestor: _____ Date of Request _____

Requestor's Address/City/State/Zip Code: _____

Telephone Number: _____ Email: _____

What information are you requesting? Please be **SPECIFIC** and **PRINT CLEARLY**. Is this request for commercial purposes? Yes 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))*

Start date of period for which records are sought _____

End date for which records are sought _____

I understand that no charges are imposed for the first 50 pages of black and white, letter or legal sized copies. Any additional pages are 15 cents per page. A fee will be charged for color copies, abnormal size copies and electronic copies.

Signature of Person Requesting Records

Send form to: City Clerk, 1 Gary K. Anderson Plaza, Decatur, IL 62523 or email to FOIACityClerk@decaturil.gov

Send request for **Police Records** to DPD FOIA Dept., 707 W. South Side Drive, Decatur, IL 62521 or email to FOIADPD@decaturil.gov