Village of Hanover, Jo Daviess Couty, Illinois REQUEST FOR PUBLIC RECORDS

Under the Illinois Freedom of Information Act (FOIA)

**Note to Requester: Retain a copy of this request for your files. If you eventually need to file a Request for Review with the Public Access Counselor, you will need to submit a copy of your FOIA request. **

Name of Requester:	
Street Address:	
City/State/County/Zip (required):	
Telephone (Optional):	Fax (Optional)
E-Mail (Optional):	
<u>=</u>	ch specific detail as possible so the public body can seeking. You may attach additional pages, if needed.
Do you want copies of the document Electronic (in what format? _	s? Yes No) OR Paper
	oose? Yes No Act for a person to knowingly obtain a public record for a it is for a commercial purpose, if requested to do so by the
statement of the purpose of the request, and	Yes No vaive any fees for copying the documents, you must attach a whether the principal purpose of the request is to access or h, safety and welfare or legal rights of the general public.
(villagehall@villageofhanover.com) hanoverpolice@villageofhanover.com form electronically you must save it above address.	m)or hand deliver (207 Jefferson St.) To submit this to your computer, digitally sign it & email to the
\$0.15/page. Color or abnormal size of	I size, first 50 pages free, any add'l. pages will be copies will be charged the actual cost of copying. cost of reproducing records but shall not include
Signature of Requester:	Date:

FOR OFFICE USE ONLY:

Date Request Received: Responses are due 5 business days after receipt of the request unless (5 ILCS 140/3) Responses to request for records to be used for a condefined in Section 3/1 of the Act (5 ILCS 140/3.1)	the time is properly extended under Section 3(e) of the Act	
Request submitted by: E-Mail US	Mail Fax In Person	
FOIA Officer responsible for request: Date Response sent:		
Are the requested records exempt under FOIA and therefore the request denied? Yes No		
Description of records provided:		
Fees that apply (if applicable):		
Date Fee payment received: Cash Check #	_ Amount \$	
Amount of Staff time spent responding to this request:		