

**VILLAGE OF GODFREY
FREEDOM OF INFORMATION REQUEST**

Requestor's

Name _____ Date Request Received _____

Address _____ Zip _____ Agency _____

Telephone No _____

Name and title of person receiving request:

Name _____ Title _____

Records sought (be specific): _____

Signature of Requestor

Copies available at .25 cents per page

The agency will respond to a request for public records within seven working days after its receipt. If your request is denied, you may file an appeal. Appeals should be addressed to the head of the agent.

(For Agency Use Only)

Department Response:

Records made available Copies made yes no

Request denied and why? _____ How many? _____

_____ Fee _____

Other (attach correspondence)

Request Completed

Department Signature _____ Date _____

Requestor's Signature _____ Date _____

Agency Comments (time, copy cost, etc.) _____
