

Freedom of Information Act Request



Knox County Housing Authority

216 W. Simmons St.
Galesburg, IL 61401
(309) 342-8129 - OFFICE
(309) 342-7206 - FAX

Date of Request: _____

Received By: _____

This is a request filed under the Freedom of Information Act (5 ILCS 140).

Request Information

Please describe the record(s) as clearly as possible. Please provide sufficient information which would be helpful in identifying and locating the requested record(s), such as record name, time frames, etc.

Fees and Waivers

In order to help determine the assessment of fees, please identify the type of request:

- ☐ An individual request seeking information for personal use.
- ☐ A private company/corporation seeking information for use in the company's business.
- ☐ This request is being made as part of a news gathering effort and not for commercial use.
- ☐ This request is entitled to a reduction/waiver of fees under the FOIA 5 ILCS 140/6(c)

If requesting a reduction or waiver of fees, please state the specific purpose of the request:

How to Contact You

Name: _____

Street Address: _____

City/State/Zip: _____

email Address: _____

Name of Organization: _____

Phone Number: _____

Fax Number: _____