

**CITY OF VIENNA
FOIA REQUEST**

****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 and Address of Public Body Receiving Request: _____

Date Requested: _____

Request Submitted By: ___ E-mail ___ U.S. Mail ___ Fax ___ In Person

Name of Requester: _____

Street Address: _____

City/State/County Zip (required): _____

Telephone (Optional): E-mail (Optional): _____

Fax (Optional): _____

Records Requested: *Provide as much specific detail as possible so the public body can identify the information that you are seeking. You may attach additional pages, if necessary.

Do you want copies of the documents? YES or NO

--Do you want Electronic Copies or Paper Copies? Electronic or Paper

--If you want Electronic Copies, in what format? _____

Is this request for a Commercial Purpose? YES or 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 the public body. 5 ILCS 140.3.1(c)).

Are you requesting a fee waiver? YES or NO

(If you are requesting that the public body waive any fees for copying the documents, you must attach a statement of the purpose of the request, and whether the principal purpose of the request is to access or disseminate information regarding the health, safety and welfare or legal rights of the general public. 5 ILCS 140/6(c)).

The principal purpose of this Request for Public Records is for articles of opinion or features of interest to the public.

The principal purpose of this Request for Public Records is academic, scientific, or public research or education.

I am requesting the public records identified above to use the records or information derived therein, for sale, resale, solicitation or advertisement for sale or services.

(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 the public body. 5 ILCS 140.3.1(c)).

Agreement to Pay Fees

Unless I have requested and received a waiver of fees, I will pay the following costs for the public records copied or certified at my request:

Copies – 8½ x 11 or 8½ x 14, Black and White

First 50 pages	Free
Additional Pages	\$0.15 per side

Certification \$1.00 per record, plus copy cost

I agree that I will pay the actual charges the City incurs in connection with the copying services and that the fees stated above will not apply, if the City must use an outside vendor to copy a public record that is not 8½ x 11 or 8½ x 14, Black and White, or if the requested records are of a type not listed above. I further agree that the fees stated above will not apply if the fee for the requested records is otherwise fixed by the statute. If the requested records are produced on an electronic medium, I agree to pay the actual cost of purchasing the medium.

Request for Fee Waiver

I request a waiver of the fees and in support of my request I hereby certify that I will gain no significant personal or commercial benefit from the public records herein requested and that my principal purpose in making this request is to benefit the general public by disseminating information concerning the health, safety, welfare of legal rights of the general public in the following specific manner:

Signature of Requester

By signing this Request, I acknowledge that I have reviewed and understand the City of Vienna's Rules and Regulations for Implementation of the Freedom of Information Act and that all of the information in support of this request is true and accurate.

Signature of Requestor

Date

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