

# City of Belvidere • Illinois

City Hall: 401 Whitney Blvd.  
Belvidere, Illinois 61008-3710  
(815) 544-2612 • Fax (815) 544-3060  
cityclerk@ci.belvidere.il.us

## WRITTEN REQUEST FOR INSPECTION OR COPYING OF PUBLIC RECORDS

Name of person making request: \_\_\_\_\_

Address of person making request: \_\_\_\_\_

Telephone number of person making request: \_\_\_\_\_

Email address of person making request: \_\_\_\_\_

Date of request: \_\_\_\_\_

Is 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 commercial purposes without disclosing that it is for a commercial purpose.)

Are you requesting a fee waiver? Yes / No

(There is no charge for the first 50 pages, black and white, letter or legal size. Additional pages billed at \$0.15 per page.)

If yes, state reason: \_\_\_\_\_

Describe in detail below the public records you are requesting and state whether you wish to inspect and/or copy such records. Also, please state whether such public records are to be certified. If you wish to receive the records in a specific electronic format, please describe.

The City of Belvidere will respond to the above request within five (5) working days from the above date unless one or more of the seven (7) reasons for an extension of time provided for in Section 3(e) of the Act are invoked by the City.

\_\_\_\_\_  
Signature of person making request

[ROUTING OF REQUEST – FOR OFFICE USE ONLY]

FOR COMPLETION BY FOIA OFFICER:

Date Received: \_\_\_\_\_

Date Response time expires: \_\_\_\_\_

Copy of request & attachments filed: \_\_\_\_\_

Date Scanned: \_\_\_\_\_

DEPARTMENT OR OFFICE

Building

City Clerk

Fire

Police

Other \_\_\_\_\_