

Village of Aviston
149 S Page Street – P O Box 139
Aviston IL 62216
618-228-7262

Freedom of Information Act (FOIA) Request

Date of Request Submitted: _____
Requester Name: _____
Address: _____
City, State, Zip: _____
Phone: _____

RECORD(S) REQUESTED:

Is this request for commercial purpose? Y _____ N _____
(It is a violation of the Freedom of Information Act for a person to knowingly obtain a public record for commercial purpose without disclosing that it is for commercial purpose, if requested to do so by the public body. 5ILCS 140.3.1(c))

Fees: First 50 normal size 8x11 black & white copies are free. Additional letter or legal black & white copies are \$0.15/page. Abnormal size or color copies are at actual cost of \$0.30/copy. All fees can be collected in advance.

I am willing to pay up to \$ _____ for processing of this request. Please inform me if the estimated fees will exceed this limit before processing my request.

Date

Signature