

**Send FOIA Requests to:**

Joanna Patrick, FOIA Officer

Flagg Township

303 W. Hwy 38, P.O. Box 436

Rochelle, IL 61068

Phone: (815) 562-9652

Fax: (815) 562-9652

NAME OF REQUESTOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FLAGG TOWNSHIP**

**REQUEST FOR PUBLIC RECORDS**

ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address City/State/Zip Code

PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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**SCHEDULE OF DUPLICATION:**

**Black and white copies (letter or legal size) No charge for the 1st 50 pages, $0.15 per page thereafter. Certification: $1.00 each. Mailing: Cost of postage.**

Flagg Township will respond to every request within 21 business days for commercial purposes and 5 business days from the date of the request for all other requests unless the Township requires an extension pursuant to Section 3(e) of the Act. If an extension is requested or a request is denied, Flagg Township will notify the requestor in writing stating the specific reason or reasons.

**Delivery Method**

\_\_\_\_ Mail: I request that the Township mail copies of the requested public records to me at the address above. I hereby agree to pay all applicable fees and postage for mailing before the records are mailed.

\_\_\_\_ Pick up: I will pick up the requested public records at the Township office. I hereby agree to pay all applicable fees when picking up the records.

\_\_\_\_ Email: I request that the requested public records be sent to the email specified above.

**I have read and understand the fees set forth in the “Schedule of Duplication.” I also understand that all fees must be prepaid.**

**Submitted by:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name Signature Date

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)).*

**FOR OFFICE USE ONLY – Adopted by Flagg Township Board 2/13/23**

Received date: Received by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Due: Extension Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Completed Date: Completed by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_