



TRI-CITY REGIONAL PORT DISTRICT  
1635 W. First Street, Granite City, IL 62040  
618-877-8444

**TRI-CITY REGIONAL PORT DISTRICT  
FREEDOM OF INFORMATION REQUEST FORM**

DATE OF REQUEST: \_\_\_\_\_

REQUEST SUBMITTED BY: \_\_\_\_\_ E-MAIL \_\_\_\_\_ US MAIL \_\_\_\_\_ FAX \_\_\_\_\_ IN PERSON

NAME OF REQUESTER (AND CONTACT NAME IF COMPANY): \_\_\_\_\_

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

CITY/STATE/COUNTY/ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

FAX (OPTIONAL): \_\_\_\_\_

RECORDS REQUESTED: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*PROVIDE AS MUCH SPECIFIC DETAIL AS POSSIBLE SO THAT WE 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 \_\_\_\_\_ ELECTRONIC \_\_\_\_\_ PAPER

IF ELECTRONIC COPIES ARE REQUESTED, PLEASE DESIGNATE 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)).

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**OFFICE USE ONLY**

DATE REQUEST RECEIVED \_\_\_\_/\_\_\_\_/\_\_\_\_

FOIA OFFICER INITIALS: \_\_\_\_\_

DUE DATE FOR RESPONSE: \_\_\_\_/\_\_\_\_/\_\_\_\_

EXTENSION DUE DATE: \_\_\_\_\_

REASON FOR EXTENSION: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

FOIA OFFICER INITIALS: \_\_\_\_\_

REFERRED TO: \_\_\_\_\_

DATE COMPLIED/DENIED: \_\_\_\_/\_\_\_\_/\_\_\_\_

FOIA OFFICER INITIALS: \_\_\_\_\_

REASON FOR DENIAL: \_\_\_\_\_

**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