



AMERICA'S CENTRAL PORT

1635 W. FIRST STREET, GRANITE CITY, IL 62040
(618) 877-8444

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)).

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