



110 South 3<sup>rd</sup> St., Effingham, IL 62401  
 Phone: (217) 347-0774  
 Fax: (217) 342-5345

## FREEDOM OF INFORMATION REQUEST

To Be Completed By Requester

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

I, the undersigned, do hereby request to examine  and/or copy  (check appropriate blank) those records maintained by the City of Effingham which pertain to:  
 (Please specify department and records sought)

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

I have read and understand the fees set forth in the "Schedule of Duplication" which is set forth on the reverse side of this form. At my request, copies may be mailed to me via certified mail at \$6.40 for the first ounce and \$0.20 for each additional ounce. I also understand that all fees must be prepaid.

I do  do not  want copies mailed to me at the above-listed address.

This request for records is for a commercial purpose?\* Yes  No

\*This 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.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

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

\*\*To be Completed by Office\*\*

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

Cost: \_\_\_\_\_ Copies: \_\_\_\_\_

Certification: \_\_\_\_\_

Certified Mail: \_\_\_\_\_

Total Cost: \_\_\_\_\_

Date Records either: Personally Given: \_\_\_\_\_ or Mailed: \_\_\_\_\_

Denied/Reason Why: \_\_\_\_\_

Deferred/Reason Why: \_\_\_\_\_

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

## SCHEDULE FOR DUPLICATION OF PUBLIC RECORDS GENERAL

(All Departments Except As Otherwise Listed Below)

Copying	Per page (after first 50 pages)	\$0.15
Certification	Per document	\$1.00
Audit Report	Per document	\$25.00
Comprehensive Plan	Per document	\$20.00

### Building Official's Office

Zoning Ordinance	Per document	\$7.50
------------------	--------------	--------

### Engineering Department

Large Copies	Color	\$1.25 / Sq. Ft.
	B & W	\$1.00 / Sq. Ft.
Large Prints	Color	\$1.25 / Sq. Ft.
	B & W	\$1.00 / Sq. Ft.
Scanning – any size	To 3.5 disc	\$1.00 + \$1.00 per sheet or \$0.50 per lineal ft.
	To CDR or CDRW	\$1.00 + \$1.00 per sheet or \$0.50 per lineal ft.
8 ½ x 11 copies or prints	Color	\$1.00 per sheet
	B & W	\$0.20 per sheet
Blueline copies	Roll stock	\$0.50 per lineal foot (36" or 42" wide)
Electronic copies		\$5.00 first sheet
		\$5.00 all additional sheets (\$10.00 maximum charge)

### Police Department

Accident Report	Per report	\$5.00
Incident report	Per page (after the first 50 pages)	\$0.15
Cassette Tape / CD	Per cassette tape or CD/DVD	Actual cost of reproduction
Photograph (35mm)	Per photo	Actual cost of reproduction
Photo CD	Per CD	Actual cost of reproduction
Digital photo	Per photo	Actual cost of reproduction
Video tape / DVD	Per video tape/DVD	Actual cost of reproduction