



LIVINGSTON COUNTY, ILLINOIS

Freedom of Information Request

Requestor's Name: _____ Street Address: _____

City: _____ State: _____ Zip: _____ Phone: (____) _____

E-mail Address: _____

Records sought (be specific):

Requestor's Signature: _____ Date: _____

• **Would you like to inspect these records or receive a copy?** **Inspection** **Copy**
If you indicated you want to receive a copy of these records, please mark the type:
Paper Copy **Electronic Copy (specify electronic format):** _____

• **Is this request for a Commercial Purpose?** **Yes** **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. 5/140.3.1(c)).

• **Are you requesting a fee waiver?** **Yes** **No**
(If you are requesting that the public body waive any fees for copying the documents, you must attach a statement of the purpose and whether the request is to access or disseminate information regarding the health safety and welfare or legal rights of the general public. 5ILCS 140/6 c).

Submit this form to the office where the records are held. If the office is unknown, submit to Kristy Masching, Livingston County Clerk, 112 W. Madison Street, Room 105, Pontiac, IL 61764, or e-mail: kmasching@livingstoncountyil.gov. Please visit www.livingstoncountyil.gov, "About Livingston" for Department FOIA Officers.

(For Agency Use Only)

Date Request Received: _____ Mail Phone In Person E-Mail Fax

Date Response Must Be Made By: _____

Office/Department: _____

Address: _____ Phone: (____) _____

Name of Person Receiving Request: _____ Title: _____

Response:

Records Found: _____ Records Not Found: _____ Fee: \$ _____

Date Mailed: _____ Date Faxed: _____ # of Copies: _____

Status/Records Furnished:

FOIA Officer's Signature: _____ Date: _____