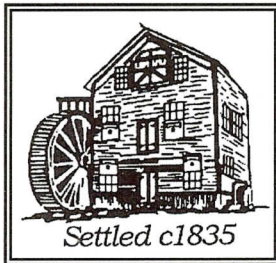


FREEDOM OF INFORMATION RECORDS REQUEST FORM

PLEASE COMPLETE THE REQUEST PART OF THIS FORM AND RETURN TO:



Village of Kingston

101 E. Railroad Street
Kingston, IL 60145
Website: villageofkingston.org

Phone: 815-784-5572
Fax: 815-784-4398
Email: treasurer@villageofkingston.org
-or- clerk@villageofkingston.org

CONTACT INFORMATION: *(please print clearly)*

Name: _____
Company Name: _____
Address: _____
City, State, Zip: _____
Email address: _____
Phone: (_____) _____ Fax: (_____) _____

DETAILED DESCRIPTION OF RECORD(S) REQUESTED: Please note if waiver of fees is being requested and justification.

Will the records disclosed in this request be used for commercial purposes? Y N
It is a violation of this Act to knowingly obtain records for commercial purposes without disclosing your intent.

INSPECT RECORDS? Y N COPY OF RECORDS? Y N CERTIFIED? Y N

NOTE: There will be a copy charge of 10 cents per black & white page after 50 pages per requester and color pages 18 cents (not to exceed 11x17). Pages larger than 11x17 (i.e. Plans, Plats, etc.) will be charged \$3.00 per page, certification \$1.00 per document, CD \$2.00 per CD.

Unless a waiver of fees is requested and approved, I agree to pay all applicable fees as stated above. By submitting this request, I acknowledge and represent that I have reviewed and understood the Freedom of Information Act guidelines and that all information provided in support of this request is true and accurate.

Please complete the following upon receipt of document(s)

I, _____, have received/inspected the above mentioned documents.
Print name

Signature: _____ Date: _____

NOTE: This FOIA records request form is subject to the provisions of the Illinois Freedom of Information Act upon being filed with the Village of Kingston.