

**FREEDOM OF INFORMATION REQUEST OF RECORDS**

**Bloomington Township  
123 N. Rosedale Avenue, Suite 200  
Bloomington, IL 60108**

**REQUEST MADE:**    \_\_\_ In person    \_\_\_ E-mail    \_\_\_ U.S. Mail    \_\_\_ fax

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

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

City / State / Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**Records Requested:** *Provide as much specific detail as possible so the Township can identify the information that you are seeking. Attach additional pages if necessary.*

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

Would you like to review these records in person at our office?    \_\_\_yes    \_\_\_no

If copies are wanted, what is your preferred format?

\_\_\_ Paper *(note that the first 50 black and white copies are at no charge)*

\_\_\_ Electronic via email address: \* \_\_\_\_\_

\_\_\_ Other electronic at cost of medium: \* \_\_\_\_\_

*\* The Township will provide documents in electronic format if available and feasible.*

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 a public body 5 ILCS 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 of the request, and whether the principal purpose of the request is to access or disseminate information regarding the health, safety and welfare or legal rights of the general public 5 ILCS 140/6(c).)*

I have received the above records:     Inspection Only

Cost of copies \_\_\_\_\_ \$ \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY:**

**Amount Received:**    \$ \_\_\_\_\_

**Processed by:**    \_\_\_\_\_