LIVINGSTON COUNTY IL
FREEDOM OF INFORMATION REQUEST

Requestor's Name __________________________________ Address _______________________________________

City __________________ State _______ Zip __________ Phone (_____) ___________________

Records sought (be specific):
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Signature of Requestor ___________________________ Date __________________

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. 5/140.3.1 (c)).

Are you requesting a fee waiver? YES or 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 form to office where records are held, if office is unknown, submit to Kristy Masching, Livingston County Clerk, 112 W. Madison St., Pontiac, Illinois 61764 Room 105. Please visit livingstoncountyil.gov 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 ____________________________________________ Telephone (___) __________

Name and title of person receiving request:

Name __________________________________ Title __________________________

Response:

Records Found _________ Records Not Found _________ Fee __________

Date Mailed ___________ Date Faxed _______________ # of Copies __________

Status/Records Furnished:
____________________________________________________________________________________
____________________________________________________________________________________

FOI Officer Signature ___________________________ Date __________________