

FREEDOM OF INFORMATION REQUEST

YOUR NAME: _____ DATE OF REQUEST: _____

YOUR ADDRESS: _____ CITY/STATE/ZIP: _____

TELEPHONE NUMBER: HOME: _____ WORK: _____

WHAT INFORMATION ARE YOU REQUESTING? PLEASE BE SPECIFIC AND PRINT CLEARLY.

(Type of record, format, date/time period etc. You may attach separate sheet if necessary.)

SIGNATURE OF PERSON REQUESTING INFORMATION: _____

AS PROVIDED BY THE FREEDOM OF INFORMATION ACT AND ILLINOIS STATUTE 5 ILCS 140/3(C), EACH REQUEST SHALL BE ANSWERED (BY APPROVAL, DENIAL OR REQUEST FOR ADDITIONAL TIME TO RESPOND) WITHIN FIVE BUSINESS DAYS FOLLOWING RECEIPT OF THE REQUEST. IF IT IS NECESSARY TO DENY THE REQUEST, A WRITTEN REASON FOR DENIAL WILL BE ATTACHED.

_____ I have reviewed the information in person, and will not need to request copies. (There is no charge for this service.)

_____ I have received copies of the information and have made payment of the appropriate fees (as shown on the attached fee schedule).

Fees:

Number of Copies _____ x \$.75 = \$_____ Charges for Materials/Postage \$_____

Total Fee \$_____ Receipt # _____

Recipient's Signature: _____ Date: _____

STOP HERE – INFORMATION BELOW TO BE COMPLETED BY METROPOLITAN AIRPORT AUTHORITY OF ROCK ISLAND COUNTY, ILLINOIS

REQUEST NOTIFICATION

Request received by: _____ Title: _____

Date forwarded: _____ Due Date: _____ (5 Business Days)

Return to: Metropolitan Airport Authority of Rock Island County, Illinois/FOIA Officer
2200 69th Ave. P.O. Box 9009
Moline, IL 61265