City of Galva
PO Box 171
311 NW 4th Ave
Galva, IL 61434
Office: 309-932-2555 Fax:309-932-3306 cityclerk@galvail.gov

Freedom of Information Request Form

Note to Requester: Retain a copy of this request for your files. If you eventually need to file a Request for Review with the Public Access Counselor, you will need to submit a copy of your FOIA request

Date Requested:_____

Request Submitted By (circle one): e-mail mail fax in person

Name of Requester:_____

Street Address:_____

City/State/County/Zip:_____

Telephone (Optional):_____ E-Mail (Optional):_____

Fax: (Optional):_____

Records Requested: *Provide as much specific detail as possible so the City Clerk can identify the information that you are seeking. You may attach additional pages, if necessary.

_____

_____

_____

_____

Do you want copies of the documents? YES or NO

Do you want electronic or paper copies?_____

If you want Electronic Copies, in what format?_____

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 ILCS 140.3.1(c)).

Are you requesting a fee waiver? YES or NO
(If you 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)).