

FOIA REQUEST for The St. Clair County Housing Authority

Name of Requester: _____

Street Address: _____

City/State/Zip: _____

Telephone(optional) _____

E-Mail (optional) _____

Date Requested: _____

Requested Submitted By: _____ E-mail _____ U.S.Mail _____ Fax _____ In Person

Records Requested: Please provide as much specific detail as possible so we 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

Is this request for a Commercial Purpose? Yes or No

Are you requesting a fee waiver? Yes or No

(If you are requesting a fee waiver, 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. 5ILCS 140/6(c)).

Do you want an estimate of what the fees may be for your request? Yes or No
(The first 50 black and white copies are free)

Note to requester: You are not required to use this form. However, you may wish to keep a copy of your request if you need to file a Request for Review with the Public Access Counselor.

OFFICE USE ONLY

Date Request Received: _____

Fees: _____

Date of Response: _____