

# Freedom of Information Act Request Form

Veterans Assistance Commission of Washington County



Date_____
Requestor's Name_____
Company_____
Address_____
City, State, ZIP_____
Phone Number_____
Email Address_____

<p><u>FOIA Officer</u> 101 E. St. Louis St. Nashville IL. 62263 618-327-4800 EXT.178 matthewk@washingtonco.illinois.gov</p>
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**RECORDS SOUGHT:** List records requested below. Please be specific. (Continue on back if needed)

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**Requested Format (circle one)**                      Electronic                      Paper

**If electronic, what format would you prefer?** \_\_\_\_\_

**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 the public body. 5 ILCS).*

**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)).*

**Requestor's Signature** \_\_\_\_\_

Return completed FOIA Request Form to: FOIA Officer, 101 E. St. Louis St., Nashville, IL 62263, or email to [matthewk@washingtonco.illinois.gov](mailto:matthewk@washingtonco.illinois.gov)

(FOR OFFICE USE ONLY)

Date Received: \_\_\_\_\_ Received By: \_\_\_\_\_

RESPONSE: \_\_\_\_\_ Request # \_\_\_\_\_

Records made available:  Date \_\_\_\_\_

Request denied and reason:  Date \_\_\_\_\_

\_\_\_\_\_

Copies made:  Yes  No  
Number \_\_\_\_\_  Media Exemption

Fee Paid \$ \_\_\_\_\_

Other \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Extension Needed?  Yes  No

Reason \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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