

# CASS COUNTY FOIA REQUEST

Public Body Office and Address Receiving Request: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date Requested: \_\_\_\_\_

Request Submitted By: \_\_\_\_\_ Email \_\_\_\_\_ U.S. Mail \_\_\_\_\_ Fax \_\_\_\_\_ In Person

Requester Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone (Optional): \_\_\_\_\_ Fax (Optional): \_\_\_\_\_

Email (Optional): \_\_\_\_\_

Do you want Electronic or Paper Copies? \_\_\_\_\_

If Electronic, What Format? \_\_\_\_\_

Records Requested: Provide as much detail as possible. You may attach additional pages, if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is this request for a Commercial Purpose? YES or NO

(It is a violation of this 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 YES, you must attach a statement of the specific purpose for the request and indicate if the principal purpose of the request is to access and disseminate information regarding the health, safety and welfare or the legal rights of the general public and is not for the principal purpose of personal or commercial benefit. 5 ILCS 140/6(c)).