

Village of Atkinson  
Kenneth Taber-Mayor  
Krystle Thomas-Village Clerk  
Adam Burroughs-Chief of Police  
107 W Main Street \* P.O Box 614 \* Atkinson, IL 61235

Village Hall-309-936-7658  
Fax-309-936-7648

Police Office-309-936-7600

### FREEDOM OF INFORMATION REQUEST FORM

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

To: Village of Atkinson  
Krystle Thomas, Village Clerk  
Adam Burroughs, Chief of Police  
107 W Main St. P.O. Box 614  
Atkinson, IL 61235

Under the Freedom of Information Act of the State of Illinois (5 ILCS 140/1-140/110, I hereby request a copy of the following:

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

(Describe as accurately as possible the records you want and provide all relevant information you have concerning them)

The purpose of my request is as follows:

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

Do you want copies of the documents? YES OR NO

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

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 are requesting that the public body waive and or copy 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}.

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

Address: \_\_\_\_\_  
                    Street                                    City                                    State                                    Zip

TELEPHONE: \_\_\_\_\_  
                                    Home                                    Work                                    Cell

(Office Use Only)

Date of Request/Received by: \_\_\_\_\_

Date of Response/Processed by: \_\_\_\_\_