



**FORM 1 – REQUEST FOR PUBLIC RECORDS**  
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**CITY OF MORRIS**

To: FOIA Officer  
City of Morris  
700 N. Division Street  
Morris, IL 60450

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

I. **Request for Records** Describe in detail the public records that you wish to inspect or to have copied or certified. Use a separate sheet if necessary. Indicate whether you wish only to inspect the public records at the City Hall or to have the public records copied or certified by checking the appropriate box to the right of each record described.

I hereby request the right to inspect, or to obtain copies or certified copies of, the following public records of the City:

Records Requested	inspect	copied	certified
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

II. **Agreement to Pay Fees** By submitting this Request Form, you are agreeing to pay to the City, in advance of receiving copies of any public records, the copying and certification fees set forth in Section II below. The fees set forth in Section II may be waived or reduced by the FOIA Officer only upon proof that the purpose of your request is primarily to benefit the general public and that you will receive no significant personal or commercial benefit from your request. If you wish to be considered for a waiver or reduction, you must complete and separately sign the statement set forth in Section B of Section II.

A. Unless a waiver is requested and approved pursuant to Section B of this Section, I agree to pay the following fees for all public records copied or certified at my request:

- |                               |  |
|-------------------------------|--|
| 1. Copies – letter or legal   | \$ .15 per side  |
| 2. Copies – color or oversize | Actual cost of reproduction  |
| 3. Certification              | \$1.00 per document plus copy cost                                       |
| 4. Electronic records         | Will be formatted subject to reimbursement for costs of recording medium |

However, there will be no charge for the first 50 pages of letter or legal size black and white copies for a Requestor, except for Requests for commercial purposes.

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B. I request a waiver of the fees set forth in Section A of this Section, and, in support of such request, I certify and represent that I will gain no significant personal or commercial benefit from the records requested and that my principal purpose in making this request is to benefit the general public by disseminating information concerning the health, safety, welfare, or legal rights of the general public in the following specific manner: \_\_\_\_\_

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

\_\_\_\_\_  
Signature of Requestor

III. **Purpose of Request** Indicate the purposes for which you are requesting the public records identified in Section I.

I am requesting access to the public records identified in Section I for the following purpose:

- Noncommercial Purpose
- Commercial Purpose

A "commercial purpose" is defined under the Act as the use of any part of a public record or records, or information derived from public records, in any form for sale, resale, or solicitation or advertisement for sales or services. Please be advised that misrepresentation of the purpose of a Request is a violation of the Act.

IV. **Request for Mail Delivery** If you wish to request mailing of the requested records, you must complete and separately sign the statement set forth in Section IV.

I request that the City mail to me at the address set forth in section V below copies of all public records responsive to this request. I understand that I will be required to, and do hereby agree to, pay the actual postage for such mailing before the records will be mailed.

\_\_\_\_\_  
Signature of Requestor

V. **Identification of Requestor** You must provide the information requested in Section V.

A. Name of Requestor: \_\_\_\_\_

B. Name of person for whom records are being requested (if not Requestor):  
\_\_\_\_\_

C. Address for Responses, Decisions, and Communications (include email address if you wish to receive records electronically):  
\_\_\_\_\_  
\_\_\_\_\_

D. Telephone Numbers of Requestor:

Day: \_\_\_\_\_

Evening: \_\_\_\_\_

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**VI. Signature of Requestor:** You must sign the statement set forth in Section VI.

By signing this Request, I acknowledge and represent that I have reviewed and understood the City's FOIA Policy and that all of the information provided in support of this request is true and accurate.

\_\_\_\_\_  
Signature of Requestor

\_\_\_\_\_  
Date

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The City will disclose the public records requested on this Request Form within five business days after the receipt of this Request Form (or 21 days for a Commercial Purpose Request), unless the time period is extended as provided by law or the request is denied. All extensions and denials will be in writing and will state the reasons therefor.

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**FOR CITY USE ONLY**

Received by the City:      Date: \_\_\_\_\_      Time: \_\_\_\_\_

Response Due: \_\_\_\_\_ (Five business days after day of receipt or 21 business days for commercial purpose)

Method of Delivery:

Personal Delivery      Email  
Mail/Courier/Fax Delivery      Other \_\_\_\_\_

City employee receiving request:

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

Signature: \_\_\_\_\_

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