



City of Lacon

406 5th Street Lacon, Illinois 61540

Phone 309-246-6111

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www.laconcity.com

Freedom of Information Act Request

Name of Public Body Receiving Request: City of Lacon

Date Requested: _____

Request submitted by: Email U.S. Mail Fax In Person

Name of Requester: _____

Street Address: _____

City / State / Zip (Required): _____

Telephone (Required): _____

E-Mail (Optional): _____ Fax (Optional): _____

Records Requested: Provide as much specific detail as possible so the public body can identify the information that you are seeking. You may attach additional pages, if necessary.

How many copies of the documents are you requesting? _____

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 140.3.I (c).

A response to your request will be made within 5 working days after the receipt of this request.

Your request to Inspect Copy _____ has been approved.

Your request to Inspect Copy _____ has been denied for the following reason(s)

Signature Date