

CITY OF ROCKFORD



**REQUEST FOR PUBLIC RECORDS  
OFFICIAL REQUEST FORM**

INSTRUCTIONS AND INFORMATION

- a. In Section 1, describe the public records that you wish to inspect or to have copied or certified. Please be precise about what records you seek. You may use a separate sheet if necessary.

Indicate whether you request only to inspect the public records or whether you also request to have the public records copied and certified by checking the appropriate spaces.

- b. By submitting this Request Form, you are agreeing to pay to the City, in advance of receiving copies of any public records, the copying fees set forth in Section 2.

The fees set forth in Section 2 may be waived or reduced by the Freedom of Information Officer on determination and 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 fee waiver or reduction, you must complete the statement set forth in Subsection 2.B.

- c. In Section 3, indicate the purposes for which you are requesting the public records identified in Section 1. You must provide the information in Section 3.

- d. The City will not mail copies of public records except upon satisfactory proof that it would be unduly burdensome for you to inspect, receive via e-mail, or pick up the copies and then only upon advance payment of the actual cost of postage. You must complete the statement set forth in Section 4.

- e. You must provide the information requested in Section 5.

- f. You must sign the statement set forth in Section 6.

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The City will disclose the public records requested on this Request Form within 21 Business Days after the receipt of this Request Form for all requests made for commercial purposes, and within five Business Days for all other requests, unless the applicable response 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 therefore. The Requestor may seek review of a denial by the Public Access Counselor of the Office of the Illinois Attorney General. Judicial review is available under Section 11 of the Illinois Freedom of Information Act, 5 ILCS 140/1 *et seq.* For more detailed information, please consult the City of Rockford Policy for Implementation of the Illinois Freedom of Information Act, which is available from the Freedom of Information Liaison Officer.

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**1. Request for Records**

I request the following public records of the City:

Records requested (field will continue to grow as you type. Enter your complete request in detail):

This is a Freedom of Information Act Request under 5 ILCS 140 for records and documents reasonably believed to be held by your agency

Please search for and provide for the following:

A copy of reporting policies that list existing RPD report forms

(A full copy of RPD department reporting policies and the policies should mention and / or list which RPD forms are used and what those forms are used for.)

Should this request be found overly burdensome, your agency will be offered an extension and this requester will ask for rolling releases until all responsive material is released to reduce burden on your agency

Please send responsive material in PDF, Word, Excel, or MP3/MP4 format (if audio / video files exist)

Inspect

Copy

**2. Agreement to Pay Fees** (check/complete A. or B. below)

A. Unless I have requested and received a waiver under Subsection B of this Section, I will pay the following fees for the public records copied at my request:

1. Copies – 8½ x 11 or 8½ x 14, Black and White

First 50 pages Free

Additional pages \$.15 per page

2. Other types of records @ actual cost of reproduction \$

3. Postage @ actual cost \$

I agree that I will pay the actual charges that the City incurs in connection with the copying services, and the fees stated in items 1 through 3. I further agree that the fees stated in items 1 through 3 above will not apply if the fee for the requested records is otherwise fixed by statute. If the requested records are produced on an electronic medium, I agree to pay the actual cost of purchasing the medium.

B. I request a waiver of the fees set forth in Subsection A, and in support of my request I hereby certify that I will gain no significant personal or commercial benefit from the public records herein 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:

Rockford Scanner

**3. Purpose of Request**

Please check Yes or No for each of the following:

- |   | <u>Yes</u>                          | <u>No</u>                           |
|---|-------------------------------------|-------------------------------------|
| A. I am requesting the public records identified in Section 1 to use the records, or the information derived therein, for sale, resale, solicitation, or advertisement for sales or services. | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| B. I am, or represent, news media or a non-profit, scientific or academic organization.   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| C. The principal purpose of this Request for Public Records is to access and disseminate information concerning news and current or passing events.   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |

D. The principal purpose of this Request for Public Records is for articles of opinion or features of interest to the public.

E. The principal purpose of this Request for Public Records is academic, scientific, or public research or education.

Pursuant to Section 3.1(c) of the Freedom of Information Act, it is a violation of the Act for a person to knowingly obtain a public record for a commercial purpose without disclosing that it is for a commercial purpose.

**4. Method of Delivery**

E-Mail  Fax  Mail  In Person

**5. Requestor**

A. Name of Requestor:

B. Address for Responses, Decisions, and Communications:

C. Contact Information of Requestor:

Work:

Home:

Cell:

Fax:

E-mail:

**6. Signature of Requestor**

By entering my name below, I acknowledge and represent that I have reviewed and understand the City of Rockford Policy for Implementation of the Illinois Freedom of Information Act, and under penalties as provided by law pursuant to §1-109 of the Illinois Code of Civil Procedure, that all of the information provided in support of this request is true and accurate.

\*\*Note: If you are sending in this form electronically, you do not need to sign your name with a pen. However, you will need to check the below /s/ digital signature box, or you can click the "Signature of Requestor" box to digitally sign this form if you're familiar with signing Adobe PDF's."

/s/Check here to approve the use of your digital signature

Rickie Traeger

Please print your name

Signature of Requestor

Date will be entered automatically...

Fcyg 01/1/2020

**Send Form**

FOIA Email Reference - For City Official use only:

HSFOIA@rockfordil.gov;

FOIA Notes - For City Official use only: