

*City of Waterloo*  
**FREEDOM OF INFORMATION REQUEST**

Requestor's Name: \_\_\_\_\_  
Date Requested: \_\_\_\_\_  
Department (if applicable): \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

(Circle correct request)

Copies to be removed from office:           yes           no  
Copies to be reviewed in house:           yes           no

Records Sought (must be specific):

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

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

\* Requestor, please note: The City of Waterloo will respond to a request for public records within seven (7) days after receipt of such request. If your request is denied, you may file an appeal. Appeals should be addressed to:

Barbara Pace, City Clerk  
CITY OF WATERLOO  
100 West Fourth Street  
Waterloo, Illinois 62298

NOTE: A charge of \$0.25 (twenty-five cents) per page for the first twenty-five pages and \$1.00 (one dollar) per page thereafter will be charged for City of Waterloo residents. The non-resident charge is \$1.00 (one dollar) per page.

(FOR OFFICE USE ONLY)

**REQUEST RECEIVED BY:**

Name: \_\_\_\_\_  
Title / Dept: \_\_\_\_\_  
Date: \_\_\_\_\_  
(circle one):    **APPROVED**           **DENIED**  
Comments: \_\_\_\_\_

**REQUEST RETURNED TO:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Date: \_\_\_\_\_  
Fee Charged: \_\_\_\_\_  
Invoice No.: \_\_\_\_\_  
Date Paid: \_\_\_\_\_

**Approved By:** \_\_\_\_\_