

CITY OF MORRIS
FOIA REQUEST FORM

TO: City Clerk
City of Morris
320 Wauponsee Street
Morris, IL 60450
(815) 942-0103
(815) 942-0216 (fax)

Under the Freedom of Information Act of the State of Illinois, Illinois Compiled Statutes, Ch. 5, Act 140, 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.)

I hereby agree to pay the City of Morris \$.25 per page for copies associated with this request. However, if the fees exceed \$_____, please inform me prior to copying the records.

The purpose of my request is as follows:

NAME: _____

ADDRESS: _____

TELEPHONE: _____

Date of Request/Received By: (Office Use Only) _____

