



City of Quincy Freedom of Information Request Form

(Not for Quincy Police Department Records)

City of Quincy FOIA Officer Name: _____
730 Maine Address: _____
Quincy, IL 62301 City, State, Zip: _____
Phone: 217-228-4510 Phone: _____
Fax: 217-228-4546 Email address: _____
foia@quincivil.gov Person you are representing: _____
Commercial purpose: Yes No

Persons, permits, projects or properties involved in your request:

This part is optional, but will assist us in providing information:

Description and reason for request for records (please be specific):

Please choose one: Inspect records Copy records

Requestor's Signature: _____ Date: _____

For office use only:

Name/Title of person receiving request: _____ Date: _____

Due date: _____ Request #: _____

Approved _____ Denied _____

Signature of Reviewer: _____ Date: _____

Notes/comments: _____

If an FOI request is denied, the requestor has a right to appeal the denial to the Public Access Counselor (PAC) at the Attorney General's Office. Public Access Counselor, Office of the Attorney General, 500 S. 2nd Street, Springfield, Illinois 62706, 877-299-3642, publicaccess@ilag.gov. The requestor also has the right to judicial review.