



# City of Quincy Freedom of Information Request Form

City of Quincy  
730 Maine Street  
Quincy, IL 62301  
Attn: FOIA Officer  
Phone: 217-228-4481  
Fax: 217-228-4472  
[foia@quincyl.gov](mailto:foia@quincyl.gov)

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email address: \_\_\_\_\_  
Person you are representing: \_\_\_\_\_  
Commercial purpose: Yes \_\_\_\_\_ No \_\_\_\_\_

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

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

### If FOIA is for the Quincy Police Department, please complete this section:

Person(s) involved in case: \_\_\_\_\_ Date(s) of birth: \_\_\_\_\_  
Type of offense: \_\_\_\_\_ Case file #: \_\_\_\_\_  
Date and location of offense: \_\_\_\_\_

*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 #: \_\_\_\_\_

Pending case: Yes \_\_\_\_\_ No \_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_

Interfere with prosecution: Yes \_\_\_\_\_ No \_\_\_\_\_

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@atg.state.il.us](mailto:publicaccess@atg.state.il.us). The requestor also has the right to judicial review.