



City of Quincy Freedom of Information Request Form

City of Quincy FOIA Officer Name: _____
 530 Broadway Address: _____
 Quincy, IL 62301 City, State, Zip: _____
 Phone: 217-228-4481 Phone: _____
 Fax: 217-228-4472 Email address: _____
foia@quincivil.gov 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. The requestor also has the right to judicial review.