



Village of Seneca

340 N. Cash Street • P.O. Box 27 • Seneca, IL 61360

phone. 815.357.8771 **web.** www.senecail.org
fax. 815.357.8772 **email.** seneca@krausonline.com

FREEDOM OF INFORMATION REQUEST FORM

DATE: _____

I, _____ request the following information:

Under the Freedom of Information Act, I realize this request will be either compiled or denied within 5 working days after its receipt. I understand there is a charge associated with any additional pages over 50; fees are calculated at .15 cents per page due *prior* to release of information. Original signed form required prior to information being compiled.

Company: _____

Will this request be used for commercial purposes? ___ yes ___ no

Your Name: _____

Your Phone: _____

Fax: _____

Your Signature: _____

Mayor's Approval: _____

Date: _____

