



OFFICE USE ONLY

Submit Date: _____ Due: _____

Staff Initials: _____

FOIA #: _____

Freedom of Information Act Request

---- PLEASE PRINT ALL INFORMATION CLEARLY SO IT CAN BE READ AND PROCESSED CORRECTLY ----

REQUESTOR INFORMATION

Name: _____ Address: _____

Phone Number: _____ City/State: _____

Email Address: _____ Zip Code: _____

DOCUMENT INFORMATION

How do you want to receive your information? (Please Check One):

Email Mail Pick-Up Fax to: _____

Is this a Commercial Request? Yes No *((c-10) "Commercial purpose" means the use of any part of a public record or records, or information derived from public records, in any form for sale, resale, or solicitation or advertisement for sales or services.)*

Business Name (If Commercial Request): _____

INFORMATION REQUESTED

I would like: A Copy A Certified Copy *(Fee of \$1 Applies)*

Date/Time Frame: _____ Requesting the Following: _____

ADDITIONAL INFORMATION

All black and white duplex copies will be at no charge for the first 50 pages, and \$0.15 per additional page. If color copies or abnormal sizes are necessary, there will be an actual copy charge for each page of \$0.75. **Applicable fees must be paid to the City of Bloomington at the time of picking up documents or prior to documents being received.**

Per State Statute, the City of Bloomington has **5 business days** to complete personal and media requests. Commercial requests will be completed **within 21 business days**. If there is a necessary delay due to the nature of the request, we will notify you.