## **Macon County Geographic Information** Systems (GIS) Office

## **REQUEST FOR PUBLIC RECORD**

Requests must be made in writing. Requests may be submitted by mail, fax, email or personal delivery.

Submit requests to: Kimberly Fowler Phone: (217) 424-1364 FOI Officer Fax: (217) 424-1374

141 S. Main Street Decatur, IL 62523

Email: kfowler@maconcounty.illinois.gov

## FOIA Request No.\_\_\_\_\_ Received: Response Due: Extended Response Due Date (if applicable):\_\_\_\_\_

FOI Officer:

FOR OFFICIAL USE ONLY - DO NOT WRITE IN THIS BOX

## REQUESTER'S CONTACT INFORMATION

Last Name	First Name		Middle Initial	Date of Birth
Address	City	State	ZIP	Phone No.
Email				
RECORDS REQUES	<u>TED</u>			
Identify or describe th	e record you are requesting.	Be as specif	ic as possible.	
ADDITIONAL INFOR	<u>MATION</u>			
"Commercial purpose" n form for sale, resale, or s media and non-profit, so the principal purpose of (ii) for articles of opinion	cords for a commercial purpole neans the use of any part of a public solicitation or advertisement for sale ientific, or academic organizations so the request is (i) to access and disserved from the public, or academic organization or features of interest to the public, or the public of the publ	record or record s or services. For hall not be consider deminate information (iii) for the pur	s, or information deri- r purposes of this def- dered to be made for on concerning news pose of academic, so	ved from public records, in any inition, requests made by news a "commercial purpose" when and current or passing events, ientific, or public research or
Are you requesting yo	our own records?		Yes	No
Are you requesting a	fee waiver?		Yes	No
Generally, a response	e to your request will be made	e within 5 wor	king days of rece	eipt of your request. If a

longer response time is necessary, requesters will be notified as required by the Freedom of Information Act.