Request Number _____ Date of Request _____

CITY OF EAST MOLINE
Freedom of Information Form
Request for Public Records

TO:	FROM:
City of East Moline	Name:
Department: _____	Address
915 16th Avenue	
East Moline, IL 61244	Phone

email to: foia@eastmoline.com

Description of Requested Records (please type or print)

Do you wish to inspect or have copies of these records? ☐ Inspect ☐ Copies *($.25 charge per page for copies)*

Would you like information mailed to you? ☐ No ☐ Yes *(Minimum charge of $5.00 for mailing)*

Signature

FOIA applications may be emailed to: foia@eastmoline.com

FOR OFFICE USE ONLY

Date Received _____ Date Response Due _____

Department Responding Person Responding

Comments: _____