



CITY OF LOCKPORT
WRITTEN REQUEST FORM FOR INSPECTION OR COPYING OF PUBLIC RECORDS
(FREEDOM OF INFORMATION)

Office of the City Clerk
222 E. 9th Street/3rd Floor
Lockport, Illinois 60441
Office: 815-838-0549 Fax: 815-838-9498
Website: www.cityoflockport.net

LOCKPORT

Mayor
Steven Streit

City Clerk
Kathleen Gentile

Administrator
Ben Benson



Alderpersons

Karen Kostecki - 1st Ward
Matt Kairis - 1st Ward
JR Gillogly - 2nd Ward
Larry Schreiber - 2nd Ward
Christina Bergbower - 3rd Ward
Joanne Bartelsen - 4th Ward
Rence Saban - 4th Ward
Mark Lobes - At-Large

City of Historic Pride

222 E. Ninth Street ♦ Lockport, IL 60441-3497

CITY OF LOCKPORT WRITTEN REQUEST FORM FOR INSPECTION OR COPYING OF PUBLIC RECORDS

Date of Request: _____

Requestors Name: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Preferred Method of Response: _____

Describe in detail below the public records you are requesting and state whether you wish to inspect and/or copy such records or whether you would want the documents sent to you. (Legal or Letter-sized documents will only be sent to you if less than 50 pages. Requestor is responsible for all postage)

The City of Lockport will respond to the above request within five (5) business days from date received unless one or more of the seven (7) reasons for an extension of time provided for in Section 3(e) of the Freedom of Information Act are invoked by the City. Some records requested may be exempt under 5 ILCS 140/7.

The City hereby requests that you disclose whether this request is for a Commercial purpose. It is a violation of the Act for a person to knowingly obtain a Public Record for a Commercial purpose without disclosing that it is for a Commercial purpose, if requested to do so by the City. 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 sale or services except by the news media."

I hereby state that I am not making this request for Commercial purposes.

Requestor Signature / Date

Fee:

- No Fees shall be charged for the first fifty (50) pages of letter or legal sized copies.
- Fees for copies in excess of fifty (50) pages shall be \$0.15 per side
- Certification per document shall be \$1.00 each
- Plats & Maps larger than 11 x 17 (Actual cost of outsourced duplication)
- Fees for Accident Report shall be \$5.00 each (Request shall be submitted to the Lockport Police Dept)

All copying shall be performed by an Employee of the City of Lockport. Copies of public records shall be provided to the Requestor upon payment of any charges due for reproduction of the documents.

****Please submit request to Donna Tadey at dtadey@lockport.org, or by FAX at 815-838-9498.**

Office Use Only

Due Date: _____

Extension: _____ Meeting Request _____

Request Granted: _____ Date: _____

Request Denied: _____ Reason: _____

Processed By: _____

Staff Approved: _____