

FOIA REQUEST FORM

Note to Requester: Retain a copy of this request for your files. If you eventually need to file a Request for Review with the Public Access Counselor, you will need to submit a copy of your FOIA request.

To: Will County Metropolitan Exposition and Auditorium Authority
15 East Van Buren Street, Joliet, IL 60432 · Phone: (815) 726-7171

Under the Freedom of Information Act of the State of Illinois, Illinois Compiled Statutes, Ch. 5, Act 140, I hereby request a copy of the following:

(*Provide as much specific detail as possible so the public body can identify the information that you are seeking. You may attach additional pages, if necessary.)

Name and Address of Public Body Receiving Request: _____

Date Requested: _____

Request Submitted By: Email U.S. Mail In Person

Name of Requestor: _____

Street Address: _____

City/State/County/Zip (required): _____

Phone (optional): _____ Email (optional): _____

Do you want copies of the documents? YES or NO

- Do you want Electronic Copies or Paper Copies? _____

- If you want Electronic Copies, in what format? _____

Is this request for a Commercial Purpose? YES or NO

(It is a violation of the Freedom of Information 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 public body. 5 ILCS 140.3.1(c)).

Are you requesting a fee waiver? YES or NO

(If you are requesting that the public body waive any fees for copying the documents, you must attach a statement of the purpose of the request, and whether the principal purpose of the request is to access or disseminate information regarding the health, safety and welfare or legal rights of the general public. 5 ILCS 140/6(c)).

I hereby agree to pay \$.25 per page for copies. However, if the fees exceed \$_____, please inform me prior to copying the records.

Your request will be processed within five (5) working days.