

# Village of Hartford

TO: Freedom of Information Officer – Carolyn Daniels, Village of Hartford, Illinois 62048

**Requester Information:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

TELEPHONE(S): \_\_\_\_\_

Describe below the public records that you are requesting. To expedite the search, be as specific as possible. If known, include date(s) of requested records.

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The records above are requested for: (Circle One)    Inspection    Copy    Certification  
(Standard black and white photocopies will be provided at no charge for the first fifty (50) pages. Requestor will be charged .15 cents per page beyond fifty. If documents require redacting, and photocopies are needed in order to do so, requestor will be charged .15 cents per page beyond 50. Certification is \$1.00 per document.)

Is this request being made for commercial purpose?    Yes    No

**Note:** "Commercial Purpose" means the use of any part of a public record or any information derived from a public record for sale, resale, or solicitation or advertisement for sales or services. It is a violation of the Freedom of Information Act to knowingly obtain information for a commercial purpose without disclosing that intent to the Village of Hartford. Each request for a public record or category of public records made in violation of this requirement (whether made as part of a single or multiple written requests) shall be subject to a fine of \$750.00 and such other penalties allowed by law.

The Village of Hartford will respond to this request within five (5) business days. If responding to the request requires an extension of time up to five (5) additional days, the requestor will be sent notice in writing. Commercial requests will receive a response within twenty-one (21) business days.

\_\_\_\_\_  
Requestor Signature

\_\_\_\_\_  
Date

Mail or deliver to: **Carolyn Daniels**, FOIA Officer, 140 West Hawthorne, Hartford, IL 62048, FAX: 618-251-2682

Police Request: Madison County Sheriff's Dept; 405 Randle St., Edwardsville, IL 62025    FAX: 618-656-1210

Request received by: \_\_\_\_\_ Date: \_\_\_\_\_

Date Due: \_\_\_\_\_ Document made available on: \_\_\_\_\_

Fees collected: \_\_\_\_\_ Certification: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Entered into file on: \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

Date of response: \_\_\_\_\_ Attach a copy of all written responses for file.

Name and title of officer issuing the denial: \_\_\_\_\_

\_\_\_\_\_  
Carolyn Daniels, Village Clerk