

# County of Adams

Office of County Treasurer

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## FREEDOM OF INFORMATION ACT (FOIA) REQUEST FOR RECORDS

Date of Request: \_\_\_\_\_

Request Submitted By:  E-mail  U.S. Mail  Fax  In Person

Name of Requester: \_\_\_\_\_

Street Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip+4 \_\_\_\_\_

Telephone (Required): ( ) - Ext: \_\_\_\_\_

Fax (Optional): ( ) - \_\_\_\_\_

E-mail (Optional): \_\_\_\_\_

Records Requested\*: \_\_\_\_\_

*\*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.*

Is this request for a Commercial Purpose?  YES  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  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)*

Do you want copies of the documents?  YES  NO

If yes, specify format:  Paper  Electronic

If electronic copies, in what format? \_\_\_\_\_

Treasurer response: Sent on \_\_\_\_\_ by \_\_\_\_\_

Response sent by: \_\_\_\_\_

If request is denied, specify reason: \_\_\_\_\_

Additional details: \_\_\_\_\_

*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.*