



**Freedom of Information
Request Form (FOIL)**

To: Records Access Officer

Date: _____ Time: _____ Am/Pm Signature RAO: _____

I hereby apply to inspect the following record:

Name of Person Requesting Information: _____

Representing (Business or Personal Use): _____

Address: _____

Telephone Number (s): _____

_____ Your request has been granted. You will be allowed to see the material on _____

The hours of _____ and _____. Cost for Copies is \$.25 per page.

Denied For the reason(s) checked below.

- _____ Confidential disclosure
- _____ Unwarranted invasion of personal privacy
- _____ Record of which this agency is legal custodian cannot be found
- _____ Record is not maintained by this agency
- _____ Part of an investigatory file
- _____ Exempted by statute other than the Freedom of Information Act

Note: Any request routed to another department for further information must be returned to the office of the Village of Phoenix within five (5) working days.

Applicant signature: _____ Date: _____

**NOTE: If your request was denied you have the right to appeal the decision.