

**Mary Jo Pemberton**  
City Clerk



**City of Mt. Vernon**  
1100 Main PO Box 1708  
Mt. Vernon, IL 62864  
cityclerk@mtvernon.com

618-242-6815  
FAX 618-242-6867  
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**FREEDOM OF INFORMATION ACT REQUEST**

**To: Becky Barbour, City Clerk**  
FOIA Officer  
1100 Main St, PO Box 1708  
Mt. Vernon, IL 62864  
cityclerk@mtvernon.com

From: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Description of Requested Record(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please indicate if you wish to inspect the above captioned records or wish to receive a copy:

Inspection     Copy (\$0.15 per page after first 50 pages)     Both

If copies requested, what format do you request?     Paper     Electronic (E-mail)

Do you wish to have the copies certified? \_\_\_\_\_

I am not seeking the above captioned record for the purpose of furthering a commercial enterprise.

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

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY**

\_\_\_\_\_    \_\_\_\_\_  
Date Received    Date Response Due

Records Made Available? \_\_\_\_\_ Copies Made? \_\_\_\_\_ Number of Copies \_\_\_\_\_ Fee \$ \_\_\_\_\_

Request Denied? \_\_\_\_\_ Why? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_    \_\_\_\_\_  
Initial    Date