## **Rebecca Barbour** 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 www.mtvernon.com

## **FREEDOM OF INFORMATION ACT REQUEST**

To: Rebecca Barbour, City Clerk	From:		
FOIA Officer			
1100 Main St, PO Box 1708			
Mt. Vernon, IL 62864	Phone:		
cityclerk@mtvernon.com	Email:		
Description of Requested Record(s):			
Please indicate if you wish to inspect the above capt	tioned records or wish to rec	eive a copy:	
InspectionCopy	(\$.15 per page after first 50	pages)Both	
If copies are requested, what format do you request	t? Paper	Electronic (E-mail)	)
	USB Drive – If Neede	ed to send voluminous fil	les (Cost \$10.00)
Do you wish to have the copies certified?			
I am not seeking the above captioned record for the	purpose of furthering a com	nmercial enterprise.	
	Signature of Requ	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?			
		 Date	