



# City of Eldridge FOIA Request Form

Please mail or drop off the form to City Clerk at City Hall (305 N 3rd St, Eldridge, IA 52748, email to

[lgoslowsky@cityofeldridgeia.org](mailto:lgoslowsky@cityofeldridgeia.org), or fax 563-285-7376

Date Requested: \_\_\_\_\_

Requested Submitted By:    Email        US Mail        Fax        In-Person

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

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

City/State/County Zip (required): \_\_\_\_\_

Telephone (Optional): \_\_\_\_\_

Fax (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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

--Do you want electronic copies or paper copies? \_\_\_\_\_

--If you want electronic copies, in what format? \_\_\_\_\_

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.

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.

\*\*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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_