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 swagner@cityofeldridgeia.org, or fax 563-285-7376

Date Requested: _____ Requester Email Address: _____

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.)

Signature: _____ Date: _____