

GALENA MARKETING INC.

Freedom of Information Request

Name: _____ Date of Request: _____

Address: _____
City State Zip

Phone #: _____ E-mail: _____

Indicate which way you would like the records: Inspections Copy Both

Do you wish to have the copies certified? Yes No

Is this request seeking records for the purposes of furthering a commercial enterprise? Yes No

The act defines 'commercial purpose' as the use of any part of information or records of information derived from records in any form for sale, resale or solicitation or advertisement for sales or services.

Description of record(s) requested: _____

Return filled out form digitally to: admin@visitgalena.org or a physical copy can be dropped off at: 101 Bouthillier St, Galena IL, 61036.

Greater Galena Marketing Inc. will respond to the above request within 5 working days from the above date unless one or more of the 7 reasons for an extension of time are provided for in Section 3(e) of the act are invoked by GGMI.

Applicant's Signature

Date

GGMI Use Only

For completion by an FOIA officer:

Date Received: _____ Date response time expires: _____ Filed: _____

For department or office:

Administration Board Marketing Sales Welcome Center

Records made available: Yes No

If no, indicate reason: _____

Copies made: Yes No How many? _____ - 50 Pages = _____ Copies @ .15 ea = _____

Applicant's Signature

Date