Macon County Animal Control & Care Center

REQUEST FOR PUBLIC RECORD

Requests must be made in writing. Requests may be submitted by mail, email or personal delivery.

Submit requests to:

Lou Ann Hollon FOI Officer Phone: (217) 425-4508

2820 E. Parkway Dr. Decatur, IL 62526

Email: Ihollon@sheriff-macon-il.us

REQUESTER'S CONTACT INFORMATION

FOIA Request No
Received:
Response Due:
Extended Response Due Date
(if applicable):
FOI Officer:

FOR OFFICIAL USE ONLY - DO NOT WRITE IN THIS BOX

Last Name	First Name		Middle Initial	Date of Birth
Address	City	State	ZIP	Phone No.
Email				
RECORDS REQUEST	<u>red</u>			
Identify or describe the	e record you are requesting.	Be as specif	ic as possible.	
ADDITIONAL INFORM	MATION_			
"Commercial purpose" me form for sale, resale, or se media and non-profit, soil the principal purpose of the (ii) for articles of opinion of	cords for a commercial purposeans the use of any part of a public olicitation or advertisement for sales entific, or academic organizations share request is (i) to access and dissert features of interest to the public, of the public of the	record or record s or services. For hall not be consider minate information (iii) for the pur	s, or information derived r purposes of this definiti dered to be made for a "o on concerning news and pose of academic, scien	on, requests made by news commercial purpose" when current or passing events, tific, or public research or
Are you requesting yo	ur own records?		Yes	No
Are you requesting a f	ee waiver?		Yes	No

Generally, a response to your request will be made within 5 working days of receipt of your request. If a longer response time is necessary, requesters will be notified as required by the Freedom of Information Act.