



FOIA REQUEST

For Public Records

Moline Township 620 18th Street Moline IL 61265 www.MolineTownship.com

TOWNSHIP USE:	[] Recurrent Requester [] Unduly Burdensome Request(s)
Request ID ____ Date Received: _____	Received Via: [] Email [] Mail [] Fax [] Other
Copy Qty ____ Cost _____ Amount Paid _____	[] Cash [] Check Received by: _____
Cost if over 50 pages B&W 15 cents per page	Cost if Color or over legal size : Actual current costs incurred to twp
If this request was fulfilled electronically: [] Emailed to _____	date _____
[] Provided on other media as defined _____	

Requestor Information (Please Print or Type)

Name	Phone
Firm/Organization	Email
Street	
City	State Zip Code

Delivery Method: [] Will Pick Up [] Mail to the above Address [] Email to the above Address

Note: the township is not required to provide records in a digital format or on digital media if the township does not already have the technological capability to do so.

Describe the public record(s) as specifically as possible. (You may use this form or attach additional sheets)

Requestor's Signature	Date