** 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**

OFFICE OF JON WEBB FULTON COUNTY SHERIFF

268 W Washington Ave, PO Box 269, Lewistown IL 61542 OFFICE HOURS 8 a.m. to 4 p.m. TELEPHONE 309/547-2277 Fax 309/547-2355 sheriff@fultonco.org

Send To:	Freedom of Information Officer P. O. Box 269 268 W Washington Ave Lewistown, IL 61542	
From:		Name
		_ Address
		Telephone (area code)
		E-mail
		Signature
		Date
Description	s of Requested Record(s):	
Do you war Is this reque (It is a violar		O person to knowingly obtain a public record for a percial purpose, if requested to do so by the public

Are you requesting a fee waiver? YES or NO

body. 5ILCS 140.3.1(c)).

(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. 5 ILCS 14/6(c)).

<u>Fees</u>—regular letter size copies-first 50 pages are free; page 51 and above are \$.15 cents per page. All other copy fees are determined by the office from which the request is submitted.