

How to Make a Freedom of Information Act (FOIA) Request

The following are instructions on how to file a Freedom of Information Act (FOIA) Request with the Collinsville Metropolitan Exposition Auditorium and Office Building Authority (Gateway Center):

1. Please make your request for records in writing. You may submit your written request by mail, fax or e-mail. **Please direct your request to:**

FOIA Officer – Tracy Robinette
Gateway Center
1 Gateway Drive
Collinsville, IL 62234
Phone: (618) 345-8998
Fax: (618)-343-2870
E-mail: tgraul@gatewaycenter.com

2. Please be **as specific as possible** when describing the records you are seeking.
3. There is no fee for up to 50 pages of standard paper copies. For pages beyond 50, there is a .15-cent-per-page charge.
4. You are permitted to ask for a waiver of copying fees. To do so, please include the following statement (or a similar statement) in your written FOIA request: “I request a waiver of all fees associated with this request.” In addition, you must include a specific explanation as to why your request for information is in the public interest—not simply your personal interest—and merits a fee waiver.
5. Please include your name, preferred telephone number(s), mailing address, and, if you wish, your electronic mail address.

Gateway Center’s FOIA Officer will reply within five days.

COLLINSVILLE METROPOLITAN EXPOSITION, AUDITORIUM AND OFFICE BUILDING AUTHORITY

REQUEST FOR PUBLIC RECORDS UNDER THE FREEDOM OF INFORMATION ACT

Procedures: Any person, business, or organization requesting records of the Collinsville Metropolitan Exposition, Auditorium and Office Building Authority, under the Freedom of Information Act, shall make a request in writing by completing this Request for Public Records, or by any other means of a written request, and presenting it to the FOIA Officer, Tracy Robinette, Gateway Center, 1 Gateway Drive, Collinsville, Illinois, during normal business hours of Monday through Friday, 8:30 a.m. to 5 p.m., or by facsimile transmission to 618/343-2870, or by electronic mail to trobinette@gatewaycenter.com.

NAME OF REQUESTER (individual submitting the request): _____

REQUEST IS MADE ON BEHALF OF (self, name of business or organization): _____

SPECIFIC DESCRIPTION OF RECORDS REQUESTED: _____

REQUEST IS MADE: (check one or more)

For a commercial purpose.

To inspect the above described records.

For _____ copies of the above described records.

To pick up the copies of the above described records. (*Requester will be notified when records are ready.*)

For the above described records to be provided in electronic format (CD Rom) when available.

To have the copies of the above described records mailed. (*Postage charges apply.*)

To have the above described records sent by facsimile transmission to: _____

To have the above described records sent by electronic mail to: _____

For the above described records to be certified. Certify all. Certify only records listed below:

Signature of Requester: _____

Date: _____

Address: _____

Phone Number: _____

=====FOR OFFICE USE ONLY=====

DATE RECEIVED: _____ DATE RESPONSE DUE: _____

RESPONSIBLE DEPT: _____ DATE FORWARD: _____

DATE RETURNED: _____ DATE RESPONDED TO: _____