

FORM FOR PRE-AUTHORIZATION OF USE OF EXEMPTION 7(1)(c) or 7(1)(f)

**** Note to Public Body:** Before denying a request, in whole or in part, based on an exemption in Section 7(1)(c) or 7(1)(f) of the Freedom of Information Act, you must provide written notice and a detailed explanation to the Public Access Counselor and the requester of the intent to deny the request on this basis. 5 ILCS 140/9.5(b). Completing and submitting this form to the **Public Access Counselor (500 South Second St., Springfield, IL 62706)** and to the requester will constitute written notice of the public body's intent to deny the requester's FOIA request in whole or in part based upon the exemption in Section 7(1)(c) or 7(1)(f) of the Freedom of Information Act.

Name of Public Body: _____
Contact information for FOIA Officer: _____

Signature of FOIA Officer: _____ Date: _____

Exemption claimed by public body (*check which applies*):

- The requested records contain personal information and the disclosure of this information would constitute a clearly unwarranted invasion of personal privacy. 5 ILCS 140/7(1)(c).
- The requested records are preliminary drafts, notes, recommendations, memoranda or other records in which opinions are expressed, or policies or actions are formulated. 5 ILCS 140/7(1)(f).

Proposed response to the requester's FOIA request by the public body (*attach additional pages, if necessary*):

Detailed summary of the basis for asserting the exemption (*attach additional pages, if necessary*):

*****ATTACH A COPY OF THE FOIA REQUEST*****

The Public Access Counselor will not accept this Notice of Pre-Authorization without attachment of a copy of the FOIA request in question.

For PAC Office Use Only.

PAC File No. 8348

TO PUBLIC BODY: Town of Normal

7(1)(c) Exemption Use Approved to Redact Date(s) of Birth

Exemption Use Denied

Name: Amalia Rioja

Signature: _____

Date: 7/12/2010



July 7, 2010

Office of the Attorney General
Public Access Bureau
500 S. 2nd Street
Springfield, IL 62706

RE: Notice of Intent to Deny

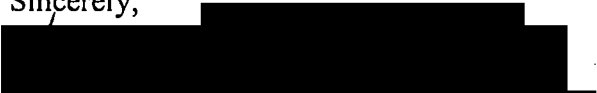
Dear Public Access Counselor:

Enclosed please find the following in connection with a Freedom of Information Act request received in this office on July 6, 2010, from Lexis-Nexis concerning Joshua Bland:

1. The Notice of Intent to Deny;
2. A copy of the FOIA request; and
3. A copy of the reports, redacted as per the Town's interpretation of the new Act and as per your instructions mailed June 25, 2010.

This is being sent to you as per 5ILCS 140/9.5(b). Please respond in writing if this report has been redacted in compliance with the new Act.

Sincerely,


Wendellyn J. Briggs
City Clerk/Freedom of Information Officer

Enclosures

RECEIVED
ATTORNEY GENERAL

JUL - 8 2010

FOIA/OMA

#8348



321316331

16.187

PO BOX 7000
SOUTHEASTERN, PA 19398
(678)924-4900 FAX (678)924-4901

REQUEST COPY

PAY

Attention Records Dept.:
Please help us by returning our Control Copy with the report. Thank you.

DATE

AMOUNT

TO THE
ORDER
OF

COPY

VOIDVOID**VOID**

VOIDVOID**VOID**

VOIDVOID**VOID**

AUTHORIZED SIGNATURE



6/28/10

OUR NUMBER 321316331

REPORT REQUEST



PO BOX 7000
SOUTHEASTERN, PA 19398
(678)924-4900 FAX (678)924-4901

**POLICE RECORDS
PLEASE RESPOND HERE**



Report Attached

Report Cost \$

Number of Pages
(including this sheet)

COUNTRY INSURANCE

TOLL FREE FAX: 1/800-934-6449

Unable to Locate Report with info provided

Loss location not in our Jurisdiction
Suggest You Try _____

No Report Written - Log entry only.

Comments & Suggestions _____

Report/Case # UNKNOWN

Type of Report Auto Accident

Date of Occurrence 6/25/10 Time 04:00 PM

Precinct or District _____

LOCATION OF LOSS SUSAN DRIVE

FORT JESSE

City NORMAL County MCLEAN State IL

Additional Information _____

VEHICLE INFO

DRIVERS or VICTIMS INFO

Car Tag # _____ State _____ Insured Party _____

Make _____ Year _____ DOB _____ SS# _____

VIN _____ Drivers Lic # _____ State _____

POLICE or FIRE AGENCY who wrote report?

NORMAL PD

Driver #2 _____

Driver #3 _____

LexisNexis Client ID 212469

Division

Claim # 201-0919902

Internal Codes 16.187

Claims Adjuster

XCBHEK



TRAN: 321316331

PLEASE RETURN THIS FORM WITH YOUR RESPONSE - THANK YOU

(Rev 9/