

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.	
TO PUBLIC BODY: <u>Town of Normal</u>	PAC File No. <u>8349</u>
<input checked="" type="checkbox"/> 7(1)(c) Exemption Use Approved to Redact Date(s) of Birth	
<input type="checkbox"/> Exemption Use Denied	
Name: <u>Amalia Rioja</u>	Signature:  Date: <u>7/12/2010</u>



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 Brian Bachtell:

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,


Wendelyn J. Briggs
City Clerk/Freedom of Information Officer

Enclosures

RECEIVED
ATTORNEY GENERAL

JUL - 8 2010

FOIA/OMA

#8349



321814501

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

****VOID**VOID**VOID****
****VOID**VOID**VOID****
****VOID**VOID**VOID****

AUTHORIZED SIGNATURE



7/2/10

OUR NUMBER 321814501

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)

STATE FARM

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 # _____

Type of Report Auto Accident

Date of Occurrence 4/1/10 Time 08:00 PM

Precinct or District _____

LOCATION OF LOSS IRONWOOD ST

City NORMAL County MCLEAN State IL

Additional Information _____

VEHICLE INFO

DRIVERS or VICTIMS INFO

Car Tag # _____ State IL

Insured Party _____

Make PONT Year 2000

DOB _____ SS# _____

VIN 1G2NV12E6YM788958

Drivers Lic # B23407188297 State _____

POLICE or FIRE AGENCY who wrote report?

NORMAL PD

Driver #2 _____

Driver #3 _____

LexisNexis Client ID SF5383

Claims Adjuster

CHQY10

Division ACC

Claim # 13-A816-498

Internal Codes 16.187



TRAN: 321814501

PLEASE RETURN THIS FORM WITH YOUR RESPONSE - THANK YOU

(Rev 9/