

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: _____

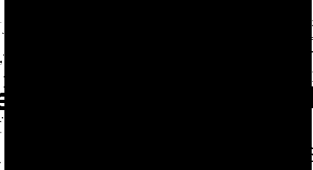
Exemption claimed by public body (*check which applies*):

- [] 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>2010 PAC 8798</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>Sara Gallagher</u>	Signature: 
	Date: <u>8/3/10</u>



July 29, 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 29, 2010, from Lexis-Nexis concerning Michael Lusson:

1. The Notice of Intent to Deny;
2. A copy of the FOIA request; and
3. A copy of the report, 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

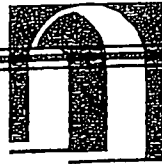
RECEIVED
ATTORNEY GENERAL

AUG - 2 2010

"Committed to Service Excellence"
100 East Phoenix Avenue • Post Office Box 589 • Normal, Illinois 61761-0589
Telephone (309) 454-2444 • Fax (309) 454-9609 • TDD (309) 454-9630
www.normal.org

FOIA/OMA # 8798

Town of



NOTICE OF DENIAL

Your request for copies of public records received: 7-29-10, will be partially denied 7-29-10, as per 5 ILCS 140/7(1)(b) - "Private Information," including such items as social security numbers, driver's license numbers, home or personal telephone numbers, home addresses, and personal license plates, is exempt from disclosure and based on the following statutory exemption(s):

Personal information contained within public records, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy, unless the disclosure is consented to in writing by the individual subjects of the information. 5 ILCS 140/7(1)(c)

Please see attached memo.

[Redacted]
Town Clerk
by [Redacted]
Deputy Clerk

Pursuant to 5 ILCS 140/9.5 (b), this Notice of Denial has been sent to:

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

(217) 558-0486

publicaccess@atg.state.il.us

"Committed to Service Excellence"

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Telephone (309) 454-2444 • Fax (309) 454-9609 • TDD (309) 454-9630

Redacted pursuant to 5 ILCS 140/7(1)(c) as an unwarranted invasion of personal privacy.

"(U)nwarranted invasion of personal privacy" means the disclosure of information that is highly personal or objectionable to a reasonable person and in which the subject's right to privacy outweighs any legitimate public interest in obtaining the information. The disclosure of information that bears on the public duties of public employees and officials shall not be considered an invasion of personal privacy." 5 ILCS 140/7(1)(c). There is no issue involving public duties of public officials in this request.

Redacted pursuant to Section 5 ILCS 140/7(1)(c) as an unwarranted invasion of personal privacy are all matters reflecting on the dates of births of all arrestees, participants, victims and witnesses, passengers



323859222

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



7/22/10

OUR NUMBER 323859222

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 # 1160

Type of Report Auto Accident

Date of Occurrence 9/30/08 Time 01:00 PM

Precinct or District _____

LOCATION OF LOSS KINGSWAY RD

City NORMAL County MCLEAN State IL

Additional Information _____

VEHICLE INFO

DRIVERS or VICTIMS INFO

Car Tag # _____ State _____

Insured Party _____

Make HONDA Year 2006

DOB _____ SS# _____

VIN JHLRD78556C058197

Drivers Lic # _____ State _____

Driver #2 _____

Driver #3 _____

POLICE or FIRE AGENCY who wrote report?
NORMAL PD

Claims Adjuster

CHQY06

LexisNexis Client ID SF5383
Division CENTRALILLINOIS Claim # 13-A363-494
Internal Codes 16.187



TRAN: 323859222

PLEASE RETURN THIS FORM WITH YOUR RESPONSE - THANK YOU

(Rev 9)