



SMALL TOWN FEEL WITH A WORLD AT ITS TOUCH

9526 WEST IRVING PARK ROAD
SCHILLER PARK, ILLINOIS 60176-1984
TELEPHONE 847 678-2550
FAX 847 671-3564

FREEDOM OF INFORMATION ACT REQUEST FORM

DATE REQUESTED: _____

NAME: _____ PHONE: _____

ADDRESS: _____ CITY: _____ ZIP: _____

FAX (optional): _____ EMAIL (optional): _____

RECORDS REQUESTED (please print clearly): _____

YES/NO Is this a commercial request? (Please Circle) (You must indicate if the request is for a commercial purpose – it is a violation of State law to falsely report)

I would like: (Please Check)

_____ To inspect these records _____ Copies of records in electronic format (if available)

_____ Paper Copies (First 50 pages are free and \$.15 per page after that) (Color, blueprints, & other large documents will require additional fees)(If mailing is requested, applicable postage will be added to the above charges)

YES/NO Are you requesting a fee waiver? (Please circle) (If yes, please state purpose of request and whether the principal purpose is to access or disseminate information pursuant to 5 IICS 140/6(c)) _____

Requestor Signature

ACTION TAKEN BY VILLAGE

Complied with Request _____
Sent to Public Access Counselor _____ Date _____
Partial Compliance (redacted or omitted exempt material) _____

Request Denied _____

Signature of FOIA OFFICER