PRESIDENT Nick Caiafa
CLERK Rosa Jos



TRUSTEES
Russell Klug
Robert Lima
Thomas F Deegan
Joan Golembiewski
Terri Sheridan
Marie Lukowski

FREEDOM OF INFORMATION ACT REQUEST

REQUESTER'S NAME:	DATE REQUESTED:/
YOUR ADDRESS:	CITY:
STATE ZIP:	EMAIL:
PHONE #:	<u> </u>
RECORDS REQUESTED (please print clearl	y):
WILL THIS MATERIAL BE USED FOR CO	OMMERCIAL PURPOSES?YESNO
	et for a person to knowingly obtain a public record for a commercial cial purpose, if requested to do so by the public body. 5 ILCS 140.3.1(c)).
I would like: (Please Check)	
To inspect these records	Copies of records in electronic format (if available)
	pages are free and \$.15 per page after that) (Color, blueprints, & other large ailing is requested, applicable postage will be added to the above charges)
Are you requesting a fee waiver?	_YES / NO
(If yes, please state purpose of request and whether pursuant to 5 IICS 140/6(c))	r the principal purpose is to access or disseminate information
	De avectour's Cionature
	Requester's Signature
ACTION TAKEN BY VILLAGE Request Approved: Request Denied: Sent to Public Access Counselor: Date: Partial Compliance (redacted or omitted exempt m	