

Internal Use Only:	
Date Received:	
By:	
Respond by Date:	

Freedom of Information Act Request

Note to Requester: Retain a copy of this request for your files

Date Requested:				
Request Submitted By:	☐ E-mail	☐ U.S. Mail	□Fax	☐ In Person
Name of Requester:				
Street Address:				
City/State/County Zip:				
Telephone:			Fax:	
E-Mail:				
Records Requested: Provimay attach additional pages, if	•	•		can identify the information that you are seeking. You
Do you want copies of the Do you want election of the Do you want election of the Property Record Public entities in After the first 50 Color copies will Electronic copie Records requiring If the document	ne documents? ectronic copies of tronic copies, in I Cards are \$0.5 hay not charge for pages, the feel be charged at a requested on any certification of sare to be sent	yes or NO or paper copies? or what format? 0 each and not subfees for the first 50 for black and white the actual cost of re a disc will be charg will be charged \$1.0 by US mail, there is	ject to the pages of s e copies sh eproduction ed the action	ual cost of purchasing the recording medium. ord.
that it is for a commercial purp 21 business days of receipt. Are you requesting a fee (If you are requesting that the	of Information Act ose, if requested to waiver? YES or public body waive a ipal purpose of the	for a person to knowin do so by the public boo r NO ny fees for copying the	documents,	public record for a commercial purpose without disclosing 0.3.1(c)). Commercial requests will be responded to within you must attach a statement of the purpose of the information regarding the health, safety and welfare or
For more informatio	n about the Fre	edom of Information www.illinoisattorr		the Illinois Attorney General's website at l.gov.
Date Received:		By: (name/sigr	nature)	