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FREEDOM OF INFORMATION ACT (FOIA) REQUEST FORM

REQUEST FOR RECORDS

Describe in detail the public records or information that you wish to inspect or to have copied or certified below, use a separate sheet if necessary. Indicate the method for receipt of the public Record(s)/information you are requesting by checking the appropriate box (below) to the right of each record/information described.

I hereby request the right to inspect, or to obtain copies or certified copies of, the following public records/information of the Village:

RECORDS REQUESTED

	Inspect	Copy	Certify
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PURPOSE OF REQUEST

<input type="checkbox"/>	Noncommercial Purpose	<p><i>*A "commercial purpose" is defined under the Act as the use of any part of a public record or records, or information derived from public records, in any form for sale, resale, or solicitation or advertisement for sales or services. Please be advised that misrepresentation of the purpose of a Request is a violation of the Act.</i></p>
<input type="checkbox"/>	Commercial Purpose *	

IDENTIFICATION OF REQUESTOR (Complete information must be provided)

Name of Requestor: _____

Name for whom records are being requested (if different from above): _____

Address: _____ Suite # _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

SIGNATURE OF REQUESTOR

By signing this Request, I acknowledge and represent that I have reviewed and understood the Village's FOIA Policy and that all of the information provided in support of this request is true and accurate.

Name of Requestor (please print): _____

Signature of Requestor: _____ Date: _____

Email: _____

The Village will disclose the public records requested on this form within five working days after the receipt of this form (or 21 days for a Commercial Purpose Request), unless the time period is extended as provided by law or the request is denied. All extensions and denials will be in writing and will state the reasons therefore. A denial may be appealed to the Public Access Counselor within 60 working days after the date of the Notice of Denial. Judicial review is available under Section 11 of the Illinois Freedom of Information Act, 5 ILCS 140/1 et seq.

Freedom of Information Act Request Form

AGREEMENT TO PAY FEES		
By submitting this Request Form, you are agreeing to pay the fees set forth below to the Village in advance of receiving copies of any public records/information and certification. Further, if the services of an outside vendor are required to copy any public record(s), you acknowledge and agree to pay the actual charges that the Village incurs in connection with such copying service(s).		
Black/White copies (letter or legal size)	No charge for first 50 pages, \$0.15 each additional page	
Color copies	\$0.25 per page	
Large Format copies	\$5.00 per sheet	
Certification	\$1.00 per document plus copy cost	
Mailing	Actual cost of postage	

WAIVER OF FEES (if applicable)	
The fees (above) may be waived or reduced by the FOIA Officer only upon proof that the purpose of your request is primarily to benefit the general public and that you will receive no significant personal or commercial benefit from your request.	
I request a waiver of the fees set forth above, and, in support of such request, I certify and represent that I will gain no significant personal or commercial benefit from the records requested and that my principal purpose in making this request is to benefit the general public by disseminating information concerning the health, safety, welfare, or legal rights of the general public:	
Signature of Requestor: _____	Date: _____

OFFICE USE ONLY					
Received Date: _____	Time: _____	Response Due: _____			
Method of Delivery:					
<input type="checkbox"/> In Person	<input type="checkbox"/> Email	<input type="checkbox"/> Mail	<input type="checkbox"/> Courier	<input type="checkbox"/> Fax	<input type="checkbox"/> Other
Village Employee Receiving Request:					
Name: _____			Title: _____		
Signature: _____			Date Completed: _____		