

FREEDOM OF INFORMATION REQUEST FORM

PLEASE PRINT:

NAME: _____

COMPANY/ORGANIZATION: _____

ADDRESS: _____

TELEPHONE NO.: _____

DATE OF REQUEST: _____ (AFTER 3:00 P.M. PLEASE USE TOMORROW'S DATE)

PURSUANT TO 5ILCS 140/1 ET. SEQ. "FREEDOM OF INFORMATION ACT", I REQUEST THE FOLLOWING PUBLIC RECORD FROM THE CITY OF WARRENVILLE (IN ORDER TO EXPEDITE THE SEARCH FOR THE RECORD, PLEASE BE AS SPECIFIC AS POSSIBLE IN DESCRIBING THE DOCUMENT YOU ARE REQUESTING):

CHECK WHICH OF THE FOLLOWING APPLIES:

_____ I WILL INSPECT THESE RECORDS AT CITY HALL OR POLICE DEPARTMENT

_____ I REQUEST COPIES OF THE RECORDS AND AGREE TO PAY IN ADVANCE ACCORDING TO THE SCHEDULE OF FEES

Signature of person making request

FOR OFFICE USE ONLY:

DATE DUE: _____ APPROVED: _____ BY: _____

NUMBER OF COPIES: _____ CHARGES: _____ PAID: _____

DENIED: DATE: _____ BY: _____

REASON: _____

METHOD OF RESPONSE: WALK-IN _____ US MAIL: _____ E-MAIL: _____ FAX: _____

**THE CITY OF WARRENVILLE HAS SEVEN (7) WORKING
DAYS TO RESPOND TO FOIA REQUESTS**