

Administration

28W701 Stafford Pl · Warrenville, IL 60555 · 630.393.9427 · Fax 630.393.6948

Community Development/Finance/Public Works

3S258 Manning Av · Warrenville, IL 60555 · 630.393.9050 · Fax 630.393.1531

City of Warrenville Police Department

3S245 Warren Av · Warrenville, IL 60555 · 630.393.2131 · Fax 630.393.4071



Freedom Of Information Act (FOIA) Request Form

Please print

Name _____

Company/Organization _____

Address _____

Telephone # _____ Date of Request _____

THE CITY OF WARRENVILLE HAS FIVE (5) WORKING DAYS* TO RESPOND TO YOUR FOIA REQUEST

*Subject to a time extension per 5 ILCS 140/3(d),

If a **commercial request** is made, the City has **21 working days** in which to respond per 5 ILCS 140/3.1.

If a **recurrent requestor**, Subject to provisions detailed per 5 ILCS 140/3.2(a-c)

Pursuant to 5 ILCS 140/1 *et seq.*, "Freedom of Information Act," I request the following public record(s) from the City of Warrenville. (in order to expedite the search for the record(s) please be as specific as possible in describing the document(s) you are requesting)

This request is for Commercial Purposes. (It is a violation of the Freedom of Information Act for a person to knowingly obtain a public record for a commercial purpose without disclosing that it is for a commercial purpose, if requested to do so by the public body. 5ILCS 140.3.1 (c)).

I am requesting a fee waiver (if you are requesting that the City of Warrenville waive any fees for copying the documents, you must attach a statement of the purpose of the request and whether the principal purpose of the request is to access or disseminate information regarding the health, safety and welfare, or legal rights of the general public. 5 ILCS 140/6(c)).

Check the applicable box

I will inspect these document(s) at the City Hall. I will inspect these document(s) at the Police Dept

I request these document(s) be faxed to me @ _____

I request these document(s) be e-mailed to me @ _____

I request copies of these document(s) and agree to pay in advance, according to the *Schedule of Fees*.

(First 50 pages are free and \$0.15 charged for each additional page. Charges for irregular sizes, color copies, and other formats are per the *Schedule of Fees*.)

Signature of Person making this request _____

Please Print name signed _____

FOR OFFICE USE ONLY

| | |
|--|--|
| Date Document(s) are due _____ | <input type="checkbox"/> Approved |
| Person Approving/Denying Request _____ | <input type="checkbox"/> Denied |
| Reason Denied (<i>Attach FOIA Request Response</i>) _____ | <input type="checkbox"/> Denied in Part |
| Method of Response <input type="checkbox"/> e-mail <input type="checkbox"/> fax <input type="checkbox"/> mail <input type="checkbox"/> perusal <input type="checkbox"/> phone call | <input type="checkbox"/> No Such Records Exist |
| Response to Request is delayed/delayed in part, for not more that five (5) additional working days | <input type="checkbox"/> |
| Response is determined to be from a recurrent requestor (<i>information to be provided in 5 business days</i>) | <input type="checkbox"/> |
| Date and Time of Response _____ | |
| Number of Pages Copied (over 50) _____ @ \$0.15 per page = _____ | |

FOIA Officer: Please attach back-up to this request and return to City Clerk for filing.