

Freedom Of Information Act (FOIA) Request Form

Please print

Name _____
Company/Organization _____
Address _____
Telephone # _____ Fax # _____
E-mail Address _____
Date of Request _____ (if request is made after 3:00 pm,
please use tomorrow's date)

**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)**

Check the applicable box

- I will inspect these document(s) at City Hall or the Police Department
 I request copies of these document(s) and agree to pay in advance, according to the *Schedule of Fees*.

Signature of Person making this request _____

Please Print name signed _____

THE CITY OF WARRENVILLE HAS SEVEN (7) WORKING DAYS TO RESPOND TO YOUR REQUEST

FOR OFFICE USE ONLY

Date Document(s) are due _____	<input type="checkbox"/> Approved
Person Approving/Denying Request _____	<input type="checkbox"/> Denied
Number of Copies Made _____ Charges _____	Total Paid _____
Reason Denied _____	

