



630.260.6000/FAX 630.260.9548

Request for Public Records under the "Freedom of Information Act"

DATE OF REQUEST _____ DATE RECEIVED _____ DATE DUE _____

Requestor's Name _____ (Please PRINT)

I wish to: Inspect Only
 Receive Copy

_____ (Please PRINT)

City _____ State _____ Zip _____

For Commercial Purposes

(AREA CODE) Phone Number _____

I wish to be contacted when my request is ready by:
 Phone Mail
(Please Check ONE)

X REQUESTOR'S SIGNATURE

Please describe in full detail the Public Records that you are requesting. To expedite the search for the records, please be specific. There is no fee for the first 50 pages. Certification of copies is \$1.00. Photos and other media at additional cost.

DEPARTMENT	DATE REC'D BY DEPT.	DATE PROCESSED
<input type="checkbox"/> ADMINISTRATION	_____	_____
<input type="checkbox"/> FINANCE	_____	_____
<input type="checkbox"/> POLICE	_____	_____
<input type="checkbox"/> BUILDING	_____	_____
<input type="checkbox"/> PARKS/RECREATION	_____	_____
<input type="checkbox"/> WATER TREATMENT	_____	_____
<input type="checkbox"/> OTHER	_____	_____

This request has been prepared:

By: _____
Name & Title

Total Due: _____

Date: _____

Completed By _____