



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

Address (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  Email  
(Please Check ONE)

Email Address \_\_\_\_\_

**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 \_\_\_\_\_