

Village of Flossmoor
FREEDOM OF INFORMATION ACT REQUEST

DATE: _____

Village Hall Departments, 2800 Flossmoor Road
CHECK THE BOX THAT APPLIES.

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Administration
Fax: 708-798-4016 | <input type="checkbox"/> Finance
Fax: 708-798-4016 | <input type="checkbox"/> Planning and Zoning
Fax: 708-335-5490 | <input type="checkbox"/> Public Works Dept.
1700 Central Park Avenue
Fax: 708-798-0299 |
| <input type="checkbox"/> Police Department
Fax: 708-957-4580 | <input type="checkbox"/> Fire Department
Fax: 708-798-7480 | <input type="checkbox"/> Building Department
Fax: 708-335-5490 | |

Is this request for a commercial purpose? ____ YES ____ NO
(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. 5 ILCS 140.3.1(c)).

Name: _____

Address: _____

City/State/Zip: _____

Phone Number: _____ Fax Number: _____

Email: _____

DESCRIPTION OF REQUESTED RECORD(S): Provide as much detail as possible. Additional pages may be attached.

Do you want to inspect ____ Yes ____ No or do you want a copy ____ Yes ____ No of the records.
paper copy ____ Yes ____ No or electronic copy ____ Yes ____ No

The Village of Flossmoor will provide documents in the electronic format requested, if feasible.

Copies: \$.15 per page after the first 50 pages for black and white letter or legal size. Oversized: actual cost
Color copies: actual cost ~~Actual~~ Electronic media: actual cost

Do you want to have copies certified? ____ Yes ____ No. **Charges:** Certifying a document: \$1.00

Are you requesting a fee waiver? ____ Yes ____ No

(If you are requesting a fee waiver, 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)).

FOR OFFICE USE ONLY

Date Received: ____/____/____ Time Received: _____ Received By: _____

Request Submitted By: ____ E-mail ____ Mail ____ Fax ____ In Person

TO BE COMPLETED BY FOIA OFFICER

Date to Respond or Comply with Request: ____/____/____

Disposition of Request: _____