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SMALL TOWN FEEL WITH A WORLD AT ITS TOUCH

9526 WEST IRVING PARK ROAD
SCHILLER PARK, ILLINOIS 60176-1984
TELEPHONE 847 678-2550
FAX 847 671-3564

FREEDOM OF INFORMATION ACT REQUEST

REQUESTER'S NAME: _____ DATE REQUESTED: ____/____/____

YOUR ADDRESS: _____ CITY: _____

STATE _____ ZIP: _____ EMAIL: _____

PHONE #: _____

RECORDS REQUESTED (please print clearly): _____

ADDRESS OF PROPERTY: (if applicable) _____

WILL THIS MATERIAL BE USED FOR COMMERCIAL PURPOSES? _____ 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)).

I would like: (Please Check)

_____ To inspect these records _____ Copies of records in electronic format (if available)

_____ Paper Copies (First 50 standard pages are free and \$.15 per page after that) (Color, blueprints, & other large documents will require additional fees) (If mailing is requested, applicable postage will be added to the above charges)

Are you requesting a fee waiver? _____ YES / NO

(If yes, please state purpose of request and whether the principal purpose is to access or disseminate information pursuant to 5 ILCS 140/6(c))

Requester's Signature

ACTION TAKEN BY VILLAGE

Request Approved: _____ Request Denied: _____ Signature of FOIA Officer: _____

Sent to Public Access Counselor: _____ Date: _____

Partial Compliance (redacted or omitted exempt material) _____