Village Calumet Park
12409 Throop Street
Calumet Park, IL 60827
708.389.0850 (Clerk's Office)
708.396.1053 (fax)

Date Stamp Here

ILLINOIS FREEDOM OF INFORMATION ACT (FOIA) REQUEST FOR REVIEW OR COPY OF PUBLIC RECORDS

(Complying with 5 ILCS 140/1 et al.)

PERSON REQUESTING INFORMATION:

NAME _____ **PHONE** _____

ADDRESS _____ **CITY** _____ **STATE** _____ **ZIP** _____

E-MAIL _____ **PREFERED CONTACT:** ☐ **PHONE** ☐ **E-MAIL**

☐ **PERSONAL REQUEST** (within 5 business days) ☐ **COMMERCIAL REQUEST** (within 21 business days)

It is a violation of the Freedom of Information Act to knowingly obtain information for a commercial purpose without disclosing intent to the Village.

TYPE OF PUBLIC RECORD REQUESTED:

☐ **ORDINANCE** ☐ **RESOLUTION** ☐ **OTHER** (Please be as specific as possible)

_____

_____

_____

SIGNATURE _____ **DATE** _____

COPY FEES:
There is no charge for the first 50 regular-sized black & white pages
$1.00 per page for larger sizes or color copies
Fees for other record types available upon request

$.15 per 8 ½" x 11", 11" x 14" or 11" x 17" page (after 50 pages)
$1.00 per photograph, audio/video DVD or CD

VILLAGE USE ONLY

AUTHORIZATION TO RELEASE INFORMATION: ☐ **GRANTED** ☐ **DENIED** ☐ **PARTIAL DENIAL**

BY _____ TITLE _____ DATE _____

ASSIGNEDTO/DEPARTMENT: _____ DATE _____

DISPOSITION OF REQUEST _____

_____

DATE RETURNED TO FOIA OFFICER _____ DATE OF REPLY BY FOIA OFFICER _____

REPLY DELIVERED VIA: ☐ PHONE ☐ OFFICE PICK UP ☐ US MAIL ☐ FAX ☐ E-MAIL

RECEIPT ACKNOWLEDGED BY: _____