



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 _____ PREFERRED 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 City.

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 1/2" 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 _____

ASSIGNED TO/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: _____