

**WINFIELD TOWNSHIP
FREEDOM OF INFORMATION ACT REQUEST FORM**

CLIFFORD A. BROWN, FREEDOM OF INFORMATION OFFICER
Telephone: (630) 231-3591 Facsimile: (630) 231-3697 E-mail Address:
foia@winfieldtownship.com

TO: Clifford A. Brown
Freedom of Information Officer
Winfield Township
130 Arbor Ave.
West Chicago, IL 60185

FROM: Name: _____
Address: _____

Phone: _____

TITLES OR DESCRIPTION OF RECORDS REQUESTED:

(Use Attachment if Additional Space is Needed for Description)

CHECK ALL OF THE FOLLOWING THAT ARE APPLICABLE:

_____ THIS REQUEST IS FOR A COMMERCIAL PURPOSE (*You must state whether your request is for a commercial purpose. A request is for a "commercial purpose" if all or any part of the information will be used in any form for sale, resale, or solicitation or advertisement for sales or services. Failure to disclose whether a request is for a commercial purpose is a prosecutable violation of FOIA.*)

_____ I wish only to inspect these records at the office of the Freedom of Information Officer above. I understand that inspection is available only during regular business hours Monday through Friday, (except legal holidays) from 8:30 a.m. to 4:30 p.m.

_____ I request copies of the foregoing records. Copies will be on 8 ½" x 11", in black and white, on white paper.

First 50 pages are free; \$.15 per page above that amount. If other format is used the fee will be the actual cost of reproduction.

OVER

_____ I request that the copies be sent via U.S. Mail \$.49 for 6 - 8 1/2"x11" sheets, other format will be actual cost of postage.

_____ I request that the copies be e-mailed to me, if available.

I understand that any payment need be received before any documents are copied and/or mailed.

Date

Signature

Please note oral communications or other information on the back of this form.

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For Freedom of Information Officer Use Only

Date Request
Received
Copied/Inspected

Date Response
Due

Date Extended
Response Due

Total
Charges

Date Documents