



# FREEDOM OF INFORMATION REQUEST

## ILLINOIS FREEDOM OF INFORMATION ACT

**PLEASE PRINT OR TYPE**

TODAY'S DATE: \_\_\_\_\_

REQUESTER'S FIRST NAME	MIDDLE INITIAL	LAST NAME	
STREET ADDRESS		CITY	STATE ZIP CODE
DAYTIME TELEPHONE NO.*	FAX NO.*	EMAIL ADDRESS*	

\***Optional**, but if you provide a telephone number or email address, we can more easily contact you if we have questions about your request.

**Records Requested:** *(Please provide as much specific detail as possible so Palos Township can identify the information you are seeking. Attach additional pages if necessary.)*

---



---

**Delivery format:** *(How do you want the documents provided?)*

Sent via email, in the following preferred file format: \_\_\_\_\_  
*(please provide email address above)*

Sent via fax *(please provide fax number above)*       Sent via U.S. Mail

Inspect in person at Palos Township Hall       Other *(please specify):* \_\_\_\_\_

**NOTE:** The Illinois Freedom of Information Act allows Palos Township to charge for the costs of reproduction. At the present time, Palos Township charges **15 cents per hard copy for every page over 50**, prepared in-house. Charges for copies that need to be done at a professional printer shall not exceed Palos Township's actual costs for reproduction.

**Intended use of requested information:**

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. 5 ILCS 140/3.1(c)]*

Are you requesting a fee waiver?       Yes       No  
*[If "yes," you must attach a statement of 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)]*

**PALOS TOWNSHIP Use Only**

Request # \_\_\_\_\_

Date Received \_\_\_\_\_ Date Due \_\_\_\_\_ Date Completed \_\_\_\_\_

Approved  Denied  Denial Exemption Cited: \_\_\_\_\_

Fee Waiver Granted:  Yes  No

\_\_\_\_\_  
Name and Title of Person Processing Request