

VILLAGE OF LOMBARD
REQUEST FOR PUBLIC RECORDS

IF RETURNED VIA FACSIMILE
FAX TO: (630) 620-8222

Note: When you submit a FOIA request, your information becomes public record

TO: **SHEILA YORK** FROM: _____
FOIA OFFICER NAME

VILLAGE OF LOMBARD _____
AGENCY ADDRESS

255 E. WILSON AVENUE _____
ADDRESS CITY/STATE/ZIP

LOMBARD, ILLINOIS 60148 _____
CITY, STATE AND ZIP CODE TELEPHONE FAX

FAX: 630-620-8222 _____
EMAIL ADDRESS

IS THIS REQUEST FOR COMMERCIAL PURPOSES (sales, solicitation or advertisements)? YES _____ NO _____
Note: It is a violation of the Freedom of Information Act to knowingly obtain a public record for commercial purposes without disclosing that it is for commercial purposes.

PURSUANT TO THE FREEDOM OF INFORMATION ACT, I REQUEST THE FOLLOWING RECORDS: (Provide as much specific detail as possible so the public body can identify the information that you are seeking. You may attach additional pages, if necessary)

_____ INSPECTION _____ COPY _____ CERTIFIED COPY

VILLAGE OF LOMBARD COPIES ARE .15 PER PAGE LETTER SIZE, (OVER 50 COPIES)
\$3.00 FOR PLATS OR MAPS, \$1.00 EACH FOR CERTIFICATION, ACTUAL COST FOR ELECTRONIC FORMAT MEDIA, PAYABLE IN ADVANCE. IF THE COPY WORK MUST BE DONE BY AN ENTITY OTHER THAN THE VILLAGE DUE TO THE NUMBER OR NATURE OF THE OF THE COPIES REQUESTED, THE VENDOR'S ACTUAL COST FOR SAID COPYING SHALL BE CHARGED.

_____ DATE _____ SIGNATURE

FOR OFFICE USE ONLY

NOTES: _____ RECEIVED _____ RESPONSE DUE _____ DATE PROVIDED _____

COMPLETED BY: _____