FOIA Request #_____

**VILLAGE OF WESTCHESTER**
**10300 ROOSEVELT ROAD**
**WESTCHESTER, ILLINOIS 60154**
**(708)345-0020 Fax:(708)345-0799**
**foia@westchester-il.org**

Date Requested:

_____

## FREEDOM OF INFORMATION ACT REQUEST FORM

Name/Company of Requester: _____

Street Address of Requester: _____

City/State/County Zip (required): _____

Telephone (Optional): _____ *Fax (Optional): _____

Signature: _____

*E-mail (Optional): _____

**If possible, documents will be sent via email with no copying fees due. Not all records can or will be emailed. If you do not want records sent via email, please indicate your preferred method to receive the documents below.*

Records Requested: **Provide as much specific detail as possible so we can identify the information that you are seeking. You may attach additional pages, if necessary.*

_____

_____

_____

_____

_____

Do you want copies of the documents? YES NO

--Do you want (Circle): Electronic Copies (if available) or Paper Copies? (if available)

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, if requested to do so by the public body. 5 ILCS 140.3.1(c)).*

Are you requesting a fee waiver? YES NO

*(If you are requesting the public body waive any fees for copying the documents, you must attach a statement of the 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)).*

---------- Office Use Only ----------

Date Rec-d _____ Rec'd By _____ Date Due: _____

Forward to: __FD __ PD __ PW __ Admin __ BD __ Other (_____) Date Complete _____