VILLAGE OF WESTCHESTER
10300 ROOSEVELT ROAD
WESTCHESTER, ILLINOIS 60154
(708)345-0020 Fax:(708)345-2873
foiarequest@westchester-il.org

FREEDOM OF INFORMATION ACT REQUEST FORM

Date Requested: _____

Request Submitted By: ___ E-mail ___ U.S. Mail ___ Fax ___ In Person

Name of Requester: _____

Street Address: _____

City/State/County Zip (required): _____

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

*E-mail (Optional): _____
**If possible, documents will be sent via email or fax with no copying fees due. Not all records can or will be emailed or faxes. If you do not want records sent via email or fax, please leave blank.*

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 or NO

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

Is this request for a Commercial Purpose? YES or 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 or NO
(If you are requesting that 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 _____ Recd By _____ Date Due: _____

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