



VILLAGE OF WESTCHESTER
10300 ROOSEVELT ROAD
WESTCHESTER, ILLINOIS 60154
(708)345-0020

FREEDOM OF INFORMATION ACT REQUEST FORM

Please describe in detail the records requested, using the reverse side of this form if necessary:

Check which of the following apply:

- I will inspect these records at the Village Hall. Personal access is available by appointment between the hours of 9:30 AM and 4:00 PM, Monday, through Friday, excepting Legal Holidays.
- I request copies of the foregoing records, I understand that fees will be charged for copies of the foregoing records in accordance with the Illinois Freedom of Information Act (5 ILCS 140). Payment will be required upon completion of duplication, as set by the fee schedule available on the Village website, www.westchester-il.org
- I request certification of the copies provided. I agree to pay \$1.00 for each document certified, which is in addition to the duplication fees. _____
- I am requesting the following document for commercial purposes.

I understand that all payments must be in cash or check payable to the Village of Westchester. I further understand that the Village is authorized to charge me a fee of \$20.00 for any check returned unpaid by the financial institution it is drawn upon.

Print Name: _____ Company _____

Signature: _____ Date Submitted: _____

Address: _____ Phone #: _____

Office Use Only: Date Request Received: _____ Received By: _____

Records: () mailed on _____

() picked up on _____ Approved by: _____

() viewed: _____ Date: _____

Victims or family members who are victims of violent crimes may be eligible for financial assistance. For more information on financial assistance and victim services, you should contact the Office of the Attorney General at 1-800-228-3368 (Voice/TTY.)