



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

FREEDOM OF INFORMATION ACT REQUEST FORM

I hereby request permission to gain access to the following records: Describe in detail using the reverse side of this form if necessary:

Check which of the following apply:

- I will inspect these records at the Village Hall. I realize that personal access is available only by appointment and only between the hours of 9:30 AM and 4:00 PM, Monday, through Friday, excepting Legal Holidays.
- I request copies of the foregoing records, in their original form, if the records are capable of being photocopied, provided that no document photocopies shall exceed 11x17. I agree to this payment in advance, prior to copies being made. I understand there will possibly be a fee charged for the reproduction of said records, as allowed for by Illinois Freedom of Information Act (5 ILCS 140). The payment will be required upon completion of duplication, as set by fee schedule available on website, www.westchester-il.org
- I request certification of the following document. I agree to pay \$1.00 for each document certified, which is an addition to the duplication fees. _____
- I am requesting the following document for commercial purposes, and understand there are different rules as defined by the State of Illinois (5 ILCS 140).

Please note, the Village will make every effort to notify you of the availability of the records you requested within five (21 for commercial purpose) working days of the Village's receipt of this request. If copies of documents are requested immediately, the Village will make photocopies available to you or, will notify you in writing within five working days, if we are unable to fulfill your request.

If we are unable to fulfill your request for a specific record because of its lack of existence, or the request is of such a nature that it qualifies as exempt material, because of its nature, we will also inform you of that fact within five working days. If we are unable to fulfill your request for a copy of a record because we cannot make such a copy in the Village Hall, we will inform you as to the expense and likely time needed to have such a request processed.

I understand that all payments must be in cash or check payable to the Village of Westchester, whether in advance or at the time copies are received. 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.)