



FREEDOM OF INFORMATION REQUEST FORM FOR PUBLIC RECORDS

VILLAGE OF MAYWOOD

40 Madison Street
Maywood, IL 60153
Phone: (708) 450-6360
Fax: (708) 681-8818

****Note to Requester: Retain a copy of this request for your files. If you eventually need to file a Request for Review with the Public Access Counselor, you will need to submit a copy of your FOIA request.****

Date of Request: _____, 20____.

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

Name of Requester: _____

Street Address: _____ City/State: _____ Zip Code: _____

Telephone: _____ E-mail: _____ Fax: _____

Records Requested: *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.

Do you want copies of the records? YES or NO
--Do you want Electronic Copies or Paper Copies? _____
--If you want Electronic Copies, in what format? _____

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)).

Identify Purpose: _____

Are you requesting a fee waiver? YES or NO
(If you are requesting that the public body waive any fees for copying the records, you must explain the request below or 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)).

Explain fee waiver request: _____

FOR OFFICE USE ONLY

Date Received: _____ Date Response Due: _____
Received by: _____
Notations: _____

The Village of Maywood has (5) working days to respond to your request.