



2500 LAKE AVENUE • VILLAGE OF LAKEWOOD, IL 60014
815 / 459 – 3025 • FAX 815 / 459 – 8346

**REQUEST FOR COPYING OR INSPECTION OF PUBLIC RECORDS
PURSUANT TO THE FREEDOM OF INFORMATION ACT**

Date of Request _____

Person Making Request:

If this request is on behalf of another entity (business, civic, public body, etc.), complete the following information for that entity:

Name _____

Name _____

Address _____

Address _____

Telephone _____

Telephone _____

Detailed description of public records requested:

If additional space is required, use the back of this sheet. Please be specific when describing public records to be copied or inspected. Vague requests may be difficult or impossible to fulfill within the allocated time.

The Freedom of Information Act allows five working days to provide the requested information, deny the request with reason for denial, or request more time if required to properly respond.

First 50 pages of copies are available at no charge, then additional copies are \$.15 per page for 8 1/2" x 11" to 11" x 17" size sheets, and actual cost per sheet for plats, blueprints, or similar drawings which must be copied by an outside vendor. Also, postage to mail copies is charged and will be based on the actual cost to mail. All fees are payable in advance. You may request to be called about the total cost before copies are made, and thereafter proceed with, alter, or cancel this request.

- Request is for:** Inspection only Copy Inspection & Copy Certified copies
 Call requestor with cost of copies before copying is done
 Call with total cost and mail copies once payment is received.

Signature of Requestor _____

ACTION TAKEN:

_____ Compliance with request.

_____ Unable to comply because records:

_____ do not exist.

_____ are not known to exist.

_____ cannot be located.

_____ Unable to comply with five (5) working days due to the following reasons:

_____ Requested records are kept in another location.

_____ Request involves a large number of records.

_____ Request requires an extensive search.

_____ Records cannot be located - search is continuing.

_____ Records may be exempt - further review is required.

_____ Compliance in 5 days would be unduly burdensome.

_____ Need for consultation with another public body.

_____ Records will be made available or a reply will be made by (date): _____

_____ Partial Compliance. Pursuant to Section 140/8 of the Illinois Freedom of Information Act, certain material contained within the original request has been deleted or omitted because the material is exempt from disclosure under the following provision(s) of the Act:

_____ Request Denied. Reason for denial:

_____ Disclosure prohibited by state or federal law, rules or regulations.

_____ Disclosure would result in a clearly unwarranted invasion of personal privacy.

_____ The request is too broad and compliance would disrupt the duly undertaken work of the Village. Please note: Village staff will be available to assist you in narrowing the scope of your request.

_____ The records requested are specifically exempted under the following provision(s) of the Illinois Freedom of Information Act:

_____ Cancellation or Amendment of Request (state details): _____

Village Official or Personnel Completing This Form:

Name: _____

Title: _____

Date: _____

Person Receiving Information Requested:

(Please complete all information)

Name (Print): _____

Signature: _____

Phone: _____

Date: _____

Note: This F.O.I. records request form is subject to the provisions of the Illinois Freedom of Information Act upon being filed with the Village.

For Office Use Only:

Date Received: _____

Response Expiration Date: _____

Number of Copies Made: _____ x \$0.10 = \$ _____

Other: _____ = \$ _____

Total Charge for Copies: \$ _____

Certified: ___ Y ___ N

Postage: \$ _____

Total Amount Due: \$ _____

Date: _____ Amount Paid: \$ _____ Check #/Cash _____ Rec=d by: _____