

VILLAGE OF ELIZABETH, IL

Freedom of Information Request

Name _____ Date of Request _____

Address _____

Phone # _____ Email _____

Indicate which way you would like the records: Inspections Copy Both

Do you wish to have the copies certified with the Village insignia? Yes No

Is this request seeking records for the purposes of furthering a commercial enterprise? Yes No

The act defines 'commercial purpose' as the use of any part of a public record or records of information derived from public records in any form for sale, resale, or solicitation or advertisement for sales or services.

Description of record(s) requested: _____

The Village of Elizabeth will respond to the above request within five (5) business days from the above date unless one or more of the seven (7) reasons for an extension of time are provided for in Section 3(e) of the act are invoked by the Village.

Applicant's Signature Date

For Village of Elizabeth use only

For completion by an FOIA officer:

Date received _____ Date response time expires _____ Filed _____

For department or office

___ Administration ___ Police ___ Public Works ___ Other

Records made available ___ Yes ___ No

If no, indicate reason: _____

Copies made: ___ Yes ___ No How many ___ First 50 Pages Free – over and above
@ \$.20 ea = _____

Signature Date