



**REQUEST FOR COPIES OF PUBLIC RECORDS UNDER THE  
ILLINOIS FREEDOM OF INFORMATION ACT**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ EMAIL (IF APPLICABLE): \_\_\_\_\_

PUBLIC RECORD REQUESTED (PLEASE BE AS SPECIFIC AS POSSIBLE): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

IS THE PURPOSE OF THIS REQUEST FOR COMMERCIAL PURPOSES?      Yes                      No

Pursuant to Section 3.1(c) of the Freedom of Information Act, it is a violation of the Act for a person to knowingly obtain a public record for a commercial purpose without disclosing that it is for a commercial purpose. Each request for a public record of category of public records made in violation of this requirement (whether made as part of a single or multiple written requests) shall be subject to penalties allowed by law.

**AGREEMENT TO PAY FEES:**

I WILL PAY THE FOLLOWING FEES FOR THE PUBLIC RECORDS COPIED OR CERTIFIED AT MY REQUEST –  
PAYMENT MAY BE REQUIRED PRIOR TO THE PROCESSING OF THE REQUEST

- |    |                                                |                                  |
|----|------------------------------------------------|----------------------------------|
| 1. | Copies – 8 ½ x 11 or 8 ½ x 14, Black and White |                                  |
|    | First 50 pages                                 | Free                             |
|    | Additional pages                               | 15¢ per side                     |
| 2. | Police Accident Reports                        | \$5.00                           |
| 3. | Certification                                  | \$1.00 per record plus copy cost |
| 4. | Electronic media                               | copy cost                        |
| 5. | All other copies                               | cost of reproduction             |

Clerk initial \_\_\_\_\_ Signature/Date \_\_\_\_\_

Unless otherwise notified, the public records you have requested will be compiled within five (5) business days from the day after the request was received.

The above requested information was supplied to me on \_\_\_\_\_ Date \_\_\_\_\_

Clerk initial \_\_\_\_\_ Signature \_\_\_\_\_