



VILLAGE OF WESTERN SPRINGS REQUEST FOR PUBLIC RECORDS

***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: _____

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

Name of Requester: _____

Street Address: _____

City/State/County/Zip (required): _____

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: _____

Please submit request to: Village of Western Springs
Village Manager's Office
740 Hillgrove, Western Springs, IL 60558 or
Fax to 708-246-0284

FOR OFFICE USE ONLY

Date Received: _____ Date Response Due: _____

Received by: _____

Notations: _____
