



REQUEST FOR INFORMATION
(UNDER THE FREEDOM OF INFORMATION ACT)

DATE: _____

INDIVIDUAL(S) MAKING REQUEST:

MAILING ADDRESS: _____

HOME PHONE: _____

WORK PHONE: _____ SIGNATURE: _____

Please describe the public records you are requesting. To expedite the search, please be specific.

Please indicate if you wish to review materials or require copies.

COPY _____ INSPECT _____

The DuPage Township will respond to this request within five (5) working days. The first 50 pages of black and white, legal or letter sized copies of records requested are free. Anything that surpasses 50 pages is generally 15 cents per page.

.....

FOR OFFICE USE ONLY

Date Response Due: _____ Date Response Given: _____ By: _____

Response (if denied, state reason): _____

Records Available: Yes No Shown by: _____ Date: _____

Copies Made: Yes No How Many: _____ Date: _____

Comments: _____

