

**Request for Information  
(Under the Freedom of Information Act)**

Date: \_\_\_\_\_ Individual (s) making the request: \_\_\_\_\_

Mailing address:

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

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

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Do you wish to review materials or do you require copies: \_\_\_\_\_ Copy \_\_\_\_\_ Review

DuPage Township FOIA Department will respond to requests within five (5) business days.

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**For office use only**

Date Response Due: \_\_\_\_\_ Date Response Given: \_\_\_\_\_

Request Processed by: \_\_\_\_\_

Were copies made? \_\_\_\_\_ How many? \_\_\_\_\_ Date: \_\_\_\_\_

Were records available? \_\_\_\_\_ Presented by: \_\_\_\_\_ Date: \_\_\_\_\_

Notes: \_\_\_\_\_

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