



**OFFICE OF VILLAGE CLERK EIRA L. CORRAL**

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**FREEDOM OF INFORMATION ACT**

**Record Request Form**

If you do not use this form for requests for inspecting or copying of Public Records pursuant to the Freedom of Information Act, you must provide your request in writing.

Name of Requestor		Requestor Phone Number	
Requestor Address		City/State/Zip	
Requestor Email			

**Please provide the information below completely to determine the record requested.**

Describe the Public Record You Are Requesting:		
Date of Incident		Report Number
Address of Incident		
Full Name of Person(s) Involved	Relation to the Requestor	Date of Birth
1.		
2.		

Do you want copies made?  
 No, please forward to the email above  
 Yes. Please note that a fee may be applied and paid prior to the release of any copies. Refer to the fee schedule to determine applicable fees.

Will you use part or all of the records: to sell, to solicit, or advertise for sales, services, or commercial purposes?  Yes  No

Are you any of the following: news, not-for-profit, scientific or academic institution?  
 Yes  No

Date: \_\_\_\_\_ Signature of Requestor: \_\_\_\_\_

**OFFICE USE ONLY**

FORWARD TO THE FOIA OFFICER IMMEDIATELY UPON RECEIPT. NOTE DATE RECEIVED.

Request received: __/__/__	FOIA Office received: __/__/__	Approved By: _____
By: _____	Period for response expires: __/__/__	Copies: _____ Amt. Due: _____
Dept.: _____	Route to: _____/_____/____	Denied: __/__/__ By: _____
	Route to: _____/_____/____	Denial Ltr. Sent: __/__/__