

City of Chicago Heights, 1601 Chicago Road, Chicago Heights, IL 60411

708.756.5304 / Fax: 708.756.5310

Monday---Friday 8:30 am-5:00 pm

David A. Gonzalez, Mayor * Lori Wilcox, City Clerk * James Dee, Treasurer

****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.****

FOIA

REQUEST FOR RECORDS UNDER THE FREEDOM OF INFORMATION ACT

(PLEASE PRINT)

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE: HOME _____ OFFICE _____ MOBILE _____

EMAIL ADDRESS _____

DATE OF REQUEST _____ FAX _____

Records Requested: *Provide as much specific detail as possible so the public body can identify the information that you are seeking. In order to expedite the search for records, please be specific. You may attach additional pages, if necessary.

Date _____ Signature _____

Please indicate if you wish to review material or require copies. A \$.15 per page copying charge is permitted under the ILCS after the initial first **50** pages. The City of Chicago Heights will respond to this request within **five (5)** working days.

Is this request for a Commercial Purpose? YES _____ (or) NO _____

(Please be advised that 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)).

FOR OFFICE USE ONLY

Date Received: ___/___/___ Time Received: _____ Received By: _____

Received Submitted By: _____ E-mail _____ Fax _____ In Person _____ Mail _____

TO BE COMPLETED BY FOIA OFFICER Sent To: _____ Date / Time: _____

Date to Respond or Comply with Request ___/___/___

July 11, 2016