

FOIA Request Form

Village of Shorewood
One Towne Center Blvd.
Shorewood, IL 60404
Phone (815)725-2150 • Fax (815)741-7709



To: VILLAGE CLERK
VILLAGE OF SHOREWOOD

1.) Under the Freedom of Information Act of the State of Illinois, I hereby request access to a copy of the following record(s):

(Describe as accurately and specifically as possible the record(s) you are requesting and provide all of the relevant information you have concerning them. Enclose a copy of any document similar to that requested, if you have such a document in your possession.)

2.) The record(s) I am requesting is/are maintained by the following department, board, or agency of the Village of Shorewood (if known):

3.) I hereby agree to pay the fee imposed for copies of the requested records in accordance with the schedule of fees published by the Village of Shorewood. However, if the fees exceed \$_____, please inform me prior to copying and supplying the records.

NAME OF PERSON/ORGANIZATION: _____

ADDRESS: _____

TELEPHONE: _____ FAX: _____

DATE OF REQUEST: _____

RESPONSE PREFERENCE: ___PHONE ___MAIL ___FAX ___EMAIL _____
(Email address)

FOR OFFICE USE ONLY:

Received by: _____

Date Request Received: _____