VILLAGE OF INDIAN HEAD PARK ILLINOIS

# FREEDOM OF INFORMATION ACT REQUEST FORM

## Applicant Information

Full Name: _____
*Last* *First* *M.I.*

Organization's Name: _____

_____
*City* *State* *ZIP Code*

Business Phone: _____ Cell Phone: (  ) _____

Email Address: _____

## Records Information

I would like to inspect these items: ○ **Yes** **or** ○ **No**

I would like copies of these items: ○ **Yes** **or** ○ **No**

I would like to receive documents electronically: ○ **Yes** **or** ○ **No**

Is this for commercial use: ○ **Yes** **or** ○ **No**

Please describe in detail records you are requesting:

1)_____

2)_____

3)_____

4)_____

Signature of Applicant

_____

## Office Use Only

DATE REQUEST RECEIVED: _____ / _____ / _____ REQUEST RESPONSE DATE: _____ / _____ / _____

**THE VILLAGE OF INDIAN HEAD PARK**
**201 Acacia Drive**
**Indian Head Park, IL 60525**
**708-246-3080**
**www.indianheadpark-il.gov**