

VILLAGE OF NORTH AURORA
FREEDOM OF INFORMATION REQUEST FORM



Date of Request _____

This is a request under the Freedom of Information Act for the inspection and/or copy(s) of the following public records. In order to facilitate this request, please be as specific as possible.

Request is for: _____ Inspection of Records _____ Copies of Records _____ Please Certify Copies

Yes _____ No _____ Is this request for a commercial use in which any part of the information requested will be used for sale, resale or solicitation or advertisement for sales or services? *(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 it is requested to do so by the public body. 5 ILCS 140.3.1(c)).*

Yes _____ No _____ I am an individual requesting information for personal use and not for commercial use

Yes _____ No _____ I am a representative of the news media affiliated with _____ and requesting information as part of news gathering and not for commercial use

Yes _____ No _____ I am affiliated with a non-commercial scientific or academic organization

Yes _____ No _____ I am affiliated with a private corporation or union and requesting information for the company's business and promotion.

_____ I acknowledge that after the first 50 pages (free) the cost of copying documents is \$0.15 per page.

I am willing to pay fees for this request up to a maximum of \$ _____.

Name (please print): _____

Signature: _____

Mailing Address: _____
Address City State Zip

Home Phone No. _____ Cell Phone No. _____

Office Phone No. _____ Fax No. _____

E-mail Address _____

For Office Use Only: Date Received _____ Time Received _____ a.m./p.m. Date Due: _____

Request received by _____ Title: _____

Request was received via: _____ Fax _____ Email _____ Submitted in Person _____ U.S. Mail

Information required from: _____ Admin. _____ Com. Development _____ Public Works _____ Finance _____ Other

Request has been approved _____ Number of copies _____ @ .15 each = _____ **(first 50 pages no charge)**

Request has been denied _____ (letter of explanation outlining denial is attached)

Copies have been presented to Requestor on _____, _____ at _____ a.m. / p.m.

Payment Received _____ Information submitted by: _____ Fax _____ Email _____ In Person _____ U. S. Mail

I acknowledge that I have received the copies of records requested and have paid the required fees for same:

Signature of Requestor

Date