

REQUEST FOR PUBLIC RECORDS

TO: VILLAGE CLERK
Village of Woodridge
Five Plaza Drive
Woodridge, IL 60517

Phone: 630-719-4705
Fax: 630-719-0021
FOIA@vil.woodridge.il.us

FROM: _____
Name

Street Address

City State Zip Code

Phone Number Fax Number

Email Address

SPECIFIC DESCRIPTION OF REQUESTED RECORD (S):

(NOTE: Requests may be exempt under the provision of the Freedom of Information Act.)

Is this request being made for commercial purposes? Yes ____ No ____

[NOTE: IT IS A VIOLATION OF THE FREEDOM OF INFORMATION ACT FOR A PERSON TO KNOWINGLY OBTAIN A PUBLIC RECORD FOR COMMERCIAL PURPOSES WITHOUT DISCLOSING THAT IT IS FOR A COMMERCIAL PURPOSE]

Please indicate if you wish to inspect the above referenced record, wish a copy or both:

___Inspection ___Printed Copy ___Electronic Copy ___Certified Copy

FOR CLERK'S OFFICE USE ONLY

Date Received: _____ Date Response Due: _____

Comments: _____

Date: _____

My signature confirms that I have received the response to my Freedom of Information Request.

Printed Name

Signature