

## Illinois Freedom of Information Act Request Form

(This form is optional. Requests may be made in writing by personal delivery, regular mail, fax, email (<u>clerk@northlakecity.com</u>) or other means.)

## **City of Northlake**

55 E. North Ave., Northlake IL 60164 708-343-8700 (Fax 708-343-8708) www.northlakecity.com

Date of Request	
Requestor's Name	
Telephone Number	Email
For Police Dept. Requests:	
Date of Birth	Report Number
Date/Time of Incident	
RECORDS SOUGHT (if you need m	ore space, attach a separate sheet of paper):
Is request for commercial purposes	nformation Act for a person to knowingly obtain public records for commercial
	Yes / No (circle one)
I wish to have copies certified at a fo	ee of \$1.00 per document? Yes / No (circle one)
•	o email any responsive records to the above email address (please initial). tion, the response will be sent via US mail / left for pick-up (circle one).
•	to the above request within 5 working days from the above date unless n extension of time provided for in section 3(E) of the Act are invoked by
Signature of person making request	t:
********	*********
For office use only:	
Date Received	Date Response Due
	Date Request Filled