



William M. Mayer,
Supervisor

**REQUEST FOR INFORMATION
(UNDER THE FREEDOM OF INFORMATION ACT)**

DATE: _____

INDIVIDUAL(S) MAKING REQUEST:

MAILING ADDRESS: _____

HOME PHONE: _____

WORK PHONE: _____ **SIGNATURE:** _____

Please describe the public records you are requesting. In order to expedite the search, please be specific.

Please indicate if you wish to review materials or require copies.

COPY _____ **INSPECT** _____

The DuPage Township will respond to this request within five (5) working days.

.....

FOR OFFICE USE ONLY

Date Response Due: _____ **Date Response Given:** _____ **By:** _____

Response (if denied, state reason): _____

Records Available: ____ **Yes** ____ **No** **Shown by:** _____ **Date:** _____

Copies Made: ____ **Yes** ____ **No** **How Many:** _____ **Date:** _____

Comments: _____

