



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: _____

