



VILLAGE OF HOMEWOOD
ILLINOIS FREEDOM OF INFORMATION ACT
REQUEST FOR REVIEW OR COPY OF PUBLIC RECORDS
(Complying with 5 ILCS 140/1 et al.)

Date
Stamp
Here

REMIT TO: VILLAGE OF HOMEWOOD
FOIA REQUEST
2020 CHESTNUT ROAD
HOMEWOOD, IL 60430
PHONE: 708-798-3000
FAX: 708-798-4680

PERSON REQUESTING INFORMATION:

NAME _____ PHONE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

E-MAIL ADDRESS _____ CONTACT PREFERENCE (circle one) PHONE E-MAIL

PERSONAL REQUEST
(response within 5 business days)

COMMERCIAL REQUEST
(response within 21 business days)

It is a violation of the Freedom of Information Act to knowingly obtain information for a commercial purpose without disclosing that intent to the Village.

DESCRIPTION OF PUBLIC RECORD REQUESTED (Be as specific as possible):

SIGNATURE _____ DATE _____

COPY FEES:

There is no charge for the first 50 regular-sized black & white pages
\$.15 per 8 1/2" x 11", 11" x 14" or 11" x 17" page (after 50 pages)
\$1.00 per page for larger sizes or color copies
Fees for other record types available upon request

\$5.00 per Traffic Crash Report
\$1.00 per photograph, audio/video DVD or CD
Fees for Accident Reconstruction documents vary by case

VILLAGE USE ONLY

AUTHORIZATION TO RELEASE INFORMATION GRANTED DENIED PARTIAL DENIAL PAC REVIEW

SIGNATURE _____ DATE _____

DEPARTMENT USE ONLY

DATE RECEIVED _____
DISPOSITION OF REQUEST _____

BY _____ DATE _____

DATE RETURNED TO FOIA DESIGNEE _____ DATE OF REPLY BY FOIA DESIGNEE _____

REPLY DELIVERED VIA: PHONE OFFICE PICK UP US MAIL FAX E-MAIL

RECEIPT ACKNOWLEDGED: _____