City of West Chicago
Attn: Valeria Lopez, FOIA Officer
475 Main Street
West Chicago, IL 60185
(630) 293-2200   Fax: (630) 293-3028

vlopez@westchicago.org

Freedom of Information Act Request

Please be advised that pursuant to the Illinois Freedom of Information Act (5 ILCS 140/3 et seq.), the public body must comply within 5 working days after receipt of the request. If necessary, the City of West Chicago may request an additional 5 days when more time is required to respond to your request for information.

I, _____, hereby request on _____the opportunity to:
                (Print Name)   (Date of Request)

Check appropriate item(s):
☐ inspect
☐ copy the following record(s):

(Precisely describe your request to inspect and/or copy. For police records please include your relationship to the case, case number, date of report, time of report – *without this information your request must encompass reasonable dates, times and persons involved*):

_____

_____

_____

There is no charge for the copying of letter and legal size documents for up to 50 pages. Charges will be: $.15 per page beyond 50 pages, $5.00 for accidents and $20.00 for reconstructed accidents; the actual costs for reproducing other records and color prints and $1.00 for certification.

I also request that a copy of the requested record(s) be certified   ☐ **Yes**   ☐ **No**

Is this information to be used for commercial purposes?   ☐ **Yes**   ☐ **No**

_____   _____
               (Signature)   Organization (if applicable)

_____   _____
  Address of Requestor (City, State, and Zip Code)   E-mail Address of Requestor

_____   _____
         Telephone of Requestor   Fax Number of Requestor

City Use Only

5-Day Extension: Date Letter Sent _____

Denied Request: Date P.A.C. Notified _____

P.A.C. Response _____

Records Management Use Only   Date Due _____

Request Routed to:

☐ Building & Code Enforcement   ☐ Human Resources   ☐ Planning, Zoning & Engineering
☐ Administrative Services   ☐ Public Works   ☐ Accounting
☐ Police   ☐ City Administrator   ☐ Other _____

Comments: _____
_____
_____

Fee: $_____

Date Paid: _____