



City of West Chicago
 Attn: Valeria Perez, FOIA Officer
 475 Main Street
 West Chicago, IL 60185
 (630) 293-2200 Fax: (630) 293-3028
vperez@westchicago.org

Freedom of Information Act Request

I, _____, hereby request the opportunity to:
 (Print Name)

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**

 Date of Request

 (Signature)

 Organization (if applicable)

 Address of Requestor (City, State, and Zip Code)

 Telephone/Fax Number of Requestor

 E-mail Address of Requestor