

FREEDOM OF INFORMATION REQUEST

From the Village of Warren under the
Illinois Freedom of Information Act

Date: _____

Name of Person Requesting Information: _____

Request Submitted By: _____ E-mail _____ U.S. Mail _____ Fax _____ In Person

Street Address: _____

City/State/Zip Code (required): _____

Telephone (optional): _____ E-Mail (optional): _____

Records requested: *(Provide as much specific detail as possible so that the public body can identify the information that you are seeking. You may attach additional pages, if necessary. Please type or write legibly.)*

Please send the information as: _____ Paper Copies
(If the request can be sent electronically, please make sure you have given us a legible e-mail address.)

Is this request for a Commercial Purpose? _____ Yes _____ No
(It is a violation of the Freedom of Information Act for a person to knowingly obtain public records for a commercial purpose without disclosing that it is for a commercial purpose, if requested to do so by the public body.) (5 ILCS 140.3.1c)

The Village of Warren will respond to the above request within 5 working days from the above date.

FOR OFFICIAL USE ONLY

The records requested have been reviewed and are appropriate for release under the guidelines of the Freedom of Information Act, except for the following records:

Reason access was denied to the above records (specify section of the Illinois FOIA which applies):

Copies were provided to the applicant on: _____ Date _____ Electronic _____ Paper
_____ Signature of Employee

Routing: _____ Police _____ Fire _____ Public Works
_____ Community Development _____ Finance _____ Ambulance
Other _____

**Form & Information MUST be returned to the Village Clerk's or Village Treasurer's Office within 5 (5) days.
Applicant will be contacted by the Village Clerk or Village Treasurer. If response is sent by your department, a copy must be provided to the Village Clerk's Office.**