



OFFICE USE ONLY:  
Date Received Stamp

## REQUEST FOR PUBLIC RECORDS

REQUESTOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

DESCRIPTION OF REQUESTED RECORD: \_\_\_\_\_

\_\_\_\_\_

Please indicate if the requested records are **for a commercial purpose**:  Yes  No

Please indicate if you wish to inspect the above-captioned records or would like copies<sup>1</sup> and if the documents must be certified. Please further Indicate if you would like the information electronically (if available).

Inspection  Copy  Both  Electronic (if available)

Accident Report (\$5.00/report)  Certified (\$1.00)

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TO BE COMPLETED BY THE VILLAGE:

Initial Response to Requestor Due Date: \_\_\_\_\_

Request Received by (Employee/Department):	Date	Request forwarded to (Employee/Department):	Date

Please indicate if the requested was approved or denied  Approved  Denied

SUMMARY OF RESPONSE (attach all correspondence and copies):

\_\_\_\_\_  
\_\_\_\_\_

Name and title of responding employee: \_\_\_\_\_

Date returned to FOIA Officer \_\_\_\_\_ Date of response by FOIA Officer \_\_\_\_\_

Manner of response \_\_\_\_\_ Receipt acknowledged \_\_\_\_\_

<sup>1</sup> The Village of Streamwood complies with all State laws regarding copyrights, provision of records, and copying costs.