

Village of Ford Heights

Request for Public Record
Freedom of Information Act, Authority: 5 ILCS 140, et seq.

PLEASE COMPLETE THE FOLLOWING INFORMATION

Requestor's Name: _____
(Last) (First) (M.I.) (CO. Represented)

Requestor's Address: _____

Requestor's Phone : _____
(Area Code/Phone Number)

Requestor's Fax Number: _____

Requestor's Email Address: _____

Format Requested: Email USPS Standard Mail Inspect at Agency
 Obtain Hard Copy of Records

The first 50 pages of black and white documents are free of charge. All subsequent pages will be charged at 15 cents per page.
Color copies will be charged at 25 cents per page.

PLEASE ALLOW Seven (7) BUSINESS DAYS TO PROCESS ALL REQUESTS

INFORMATION REQUESTED (Please be specific with your request)

Describe Item Requested: _____

Date(s) of Occurrence: _____

(Use Reverse Side for additional description)

Information Received By: _____ (Print Name)
_____ (sign and date)