



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

Date Received _____
Date Due _____
Ext. Date Due _____

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):

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

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:

- | | | |
|--|---|---|
| <input type="checkbox"/> Building & Code Enforcement | <input type="checkbox"/> Human Resources | <input type="checkbox"/> Planning, Zoning & Engineering |
| <input type="checkbox"/> Administrative Services | <input type="checkbox"/> Public Works | <input type="checkbox"/> Accounting |
| <input type="checkbox"/> Police | <input type="checkbox"/> City Administrator | <input type="checkbox"/> Other _____ |

Comments: _____

Fee: \$ _____
Date Paid: _____