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FREEDOM OF INFORMATION ACT (5 ILCS 140) REQUEST FOR PRODUCTION OF RECORDS

TO: Gloria J. Ludwig, City Clerk (847)391-5311 (phone) Date: _____
 City of Des Plaines (847)391-5439 (fax)
 1420 Miner Street
 Des Plaines, IL 60016

Name: _____
 Mailing Address: _____
 City, State & Zip: _____
 Contact Phone No.: _____ Fax No.: _____

Records sought (be as specific as possible, include address, dates/time frame, type of records, etc.):

- Check this box if you authorize the City to redact private information regarding dates of birth, insurance policy numbers or hospital information of individuals *other than yourself*.
NOTE- Failure to give such authorization *will substantially delay* your Freedom of Information Act request, as the City will otherwise be forced to contact the Attorney General for separate authorization to redact this private information.
- Check this box if you would like to pay \$0.15 per page for each over 50. (First 50 pages free)
- Check this box if you want to receive an e-copy of the requested records, if available.
 Email Address: _____
- Check this box if records are sought for a commercial purpose. (Requests take 21 working days)
- Check this box if you wish to inspect the records at the Office of the City Clerk instead of receiving copies.
- Check this box if you would like the Clerk to certify these documents.(\$1.00 extra per page)

Requesting Party's Signature: _____ Date: _____