



VILLAGE OF FORD HEIGHTS

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

PLEASE COMPLETE THE FOLLOWING INFORMATION

Date: _____ Received By: _____

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

Requestor's Address: _____

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

Requestor's Fax Number: _____

Requestor's Email Address: _____

Format Requested: Please check all that apply:

Email USPS Standard Mail Inspect at Agency Hard Copy

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