

VILLAGE OF LAKE VILLA
FREEDOM OF INFORMATION ACT REQUEST FORM

Received by: _____
FOIA Officer (or his or her designee)

Date Received: _____

Requester Information:

Name: _____

Day Telephone: _____

Address: _____

Present Date: _____

Records Requested:

I request: (Please Check)

To Inspect these records.

Copies of the following records: _____

(If requesting copies of all records listed above, state "all"). I agree to pay the following copying charges:

- (a) Black and white, letter or legal size copies: There is no charge for providing the initial 50 pages, after which the cost will be \$.15 per page.
- (b) Color or Irregular Sized Copies: The fee for color or irregular sized copies shall be the actual cost incurred by the Village for reproducing the records.
- (c) Certification of document: The fee for certification of a document shall be \$1.00
- (d) Records in Electronic Format: The fee charged for producing records in an electronic format shall be the actual cost incurred by the Village for purchasing the recording medium.

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Certified copies of the following records: _____

I agree to pay \$1.00 for each document certified, independent of charge for copying.

Signature of Requester

Date of Compliance _____
Signature of Requester _____

(FOR VILLAGE OFFICE USE ONLY)

Date Complied with: _____

No. of copies made: _____

Time taken to fill: _____

Cost: _____

Reason for extension (if applicable):

FOIA Officer
Village of Lake Villa
(or his or her designee)