

# FOIA REQUEST FORM

**\*\*Note to Requester:** Retain a copy of this request for your files. If you eventually need to file a Request for Review with the Public Access Counselor, you will need to submit a copy of your FOIA request.\*\*

Name of FOIA Officer Receiving Request: \_\_\_\_\_

Name & Address of Public Body: VILLAGE OF DWIGHT, 209 S. PRAIRIE AVE.,  
DWIGHT, IL, 60420

Date Requested: \_\_\_\_\_

Method Request Submitted: In Person  U.S. Mail  E-mail  Fax

Name of Requester: \_\_\_\_\_

\_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/County Zip (required): \_\_\_\_\_

Telephone: \_\_\_\_\_

Records Requested: \*Provide as much specific detail as possible so the public body can identify the information that you are seeking. You may attach additional pages, if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you want copies of the documents? YES or NO  
Paper or electronic copies? \_\_\_\_\_

Is this request for a Commercial Purpose? YES or NO  
*("Commercial Purpose" means the use of any part of a public record or records, or information derived from public records, in any form for sale, resale, or solicitation or advertisement for sales or services. It is a violation of the Freedom of Information Act for a person to knowingly obtain a public record for a commercial purpose without disclosing that it is for a commercial purpose, if requested to do so by the public body. 5 ILCS 140.3.1(c)).*

Are you requesting a fee waiver? YES or NO

*(If you are requesting that the public body waive any fees for copying the documents, you must attach a statement of the purpose of the request, and whether the principal purpose of the request is to access or disseminate information regarding the health, safety and welfare or legal rights of the general public. 5 ILCS 140/6(c)).*

Signature of Requester: \_\_\_\_\_

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**FOR OFFICE USE ONLY**

DATE RECEIVED: \_\_\_\_\_ DATE TO RESPONSE BY: \_\_\_\_\_

PERSON RECEIVING REQUEST: \_\_\_\_\_

COMPLIED WITH REQUEST ON: \_\_\_\_\_

DENIED REQUEST ON: \_\_\_\_\_

COPIES OF DOCUMENTS MADE BY: \_\_\_\_\_

FAXED INFORMATION  EMAILED INFORMATION

OTHER MEDIA  \_\_\_\_\_

FOIA OFFICER SIGNATURE: \_\_\_\_\_