



Village of Posen

2440 Walter Zimny Dr. • Posen, IL 60469
Phone (708) 385-0139 • Fax (708) 385-5107 •

**FREEDOM OF INFORMATION ACT (FOIA)
REQUEST FOR RECORDS**

Date: _____

Name (please print): _____

Company: _____

Address: _____ City, State, ZIP: _____

Telephone: _____ E-mail: _____

I hereby request production of the following public records, described in detail as follows (use the reverse side if necessary): _____

Check which of the following apply:

() I will inspect these records at the Village Hall.

() I request copies of the following records and agree to pay the appropriate fee* upon receipt.

**There is no charge for the first 50 pages. After 50 pages, the copy fee is 15 cents per page.*

() The documents requested will be used for a commercial purpose.

() The documents requested will not be used for a commercial purpose.

Signature

**MAIL, E-MAIL, OR FAX YOUR REQUEST USING THE CONTACT INFORMATION PROVIDED ABOVE.
ATTENTION: FOIA OFFICER**

<i>For Office Use Only:</i>	
Number of copies made: _____ x .15 = \$ _____	<input type="checkbox"/> Paid
Inspection only on _____	
Date of compliance, if different than above _____	Processed by _____