File No: _____

VILLAGE OF FRANKLIN PARK 9500 W. BELMONT AVENUE FRANKLIN PARK, IL 60131-2707

Website: <u>www.vofp.com</u> PHONE: 847-671-8242 EMAIL: clerk@vofp.com FAX: 847-671-7806

REQUEST FOR RECORDS IN ACCORDANCE WITH THE FREEDOM OF INFORMATION ACT

- I AM REQUESTING TO HAVE NON-CERTIFIED COPIES
- I AM REQUESTING TO HAVE CERTIFIED COPIES
- _____ I AM REQUESTING TO INSPECT

I am requesting information for the following (please be specific):

Will this material be used for commercial purposes? ____YES ____NO

(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)).

| Name | Address | | |
|--------------------------------|--|-------------------------------------|--|
| Phone | City | StateZip | |
| Email | Fax | | |
| Signature of Requestor | | Date | |
| | | | |
| Copying: From the copy machine | - (.15 per page, after the first 50 pages for blac | k and white, letter or legal sized) | |
| | Color copies - actual cost | | |

Response will be emailed unless otherwise stated or requested.