

**VILLAGE OF HINSDALE
FREEDOM OF INFORMATION
REQUEST PRODUCTION OF RECORDS**

To: Christine Bruton, Deputy Village Clerk
Village of Hinsdale, 19 East Chicago Avenue, Hinsdale, Illinois 60521-3431
Phone: (630) 789-7011 FAX (630) 789-7015 email: cbruton@villageofhinsdale.org

Date: _____ I hereby request to inspect copy* the following records:
(Please describe requested records as specifically as possible, attaching additional page if necessary.)

Is this request for a commercial purpose? Yes No

Are you requesting a waiver or reduction of copying fees? Yes No If you answered yes, what is the purpose of this request?

Requester's Contact Information

Printed Name: _____ Signature: _____

Address: (City, State, Zip) _____

Phone Number: _____ E-mail Address: _____

FAX #: _____

OFFICE USE ONLY	
FOIA # _____	DATE REC'D BY VILLAGE: _____ RESPONSE DUE DATE: _____
FORWARD REQUEST TO: _____	
REQUEST FOR WAIVER (IF REQUESTED): APPROVED OR DENIED (CIRCLE ONE) FEE PAID: _____	
NOTES: _____	

* Note: There is no copying fee for the first 50 black and white standard-sized copies. The fee for additional copies is 15¢ per page. Actual cost will be charged for copies of documents not of standard size, and for the recording medium (e.g., compact disk, tape, DVD), when applicable. The Village shall charge \$1 for certifying a record.