



**FREEDOM OF INFORMATION ACT
Request for Production of Records**

To: Deputy Clerk, Village of Hinsdale
19 E. Chicago Avenue, Hinsdale, IL 60521
FAX: 630.789.7015

Request # _____ (Office Only)

Date: _____

I. Request for Records: (Be specific and detailed) I hereby request the right to inspect or to obtain copies or certified copies of, the following public records of the Village:

II. Assessment of Fees for Copies

A. Unless a waiver is requested and approved pursuant to Paragraph C of this section, I agree to pay the following fees for all public records copied or certified at my request. I understand that the Freedom of Information Act permits a public body to charge a reasonable copying fee to reproduce these records:

- | | |
|---|--|
| B. <input type="checkbox"/> Inspect records only, no fee | <input type="checkbox"/> Copies, Oversize, \$.30/ea. |
| <input type="checkbox"/> Copies, 8 1/2 x 11, \$.25/ea. | <input type="checkbox"/> Plat-sized copies, \$5.00/ea. |
| <input type="checkbox"/> Certification, \$.25/ea. plus cost of copy | <input type="checkbox"/> Media discs, \$5.00/ea. |

**Note: Add \$1.00/per page for any color copy requested*

C. I request a waiver of the fees set forth in Paragraph A of this Section, and in support of such request, I do hereby certify and represent that I will gain no significant personal or commercial benefit from the public records herein requested and that my principal purpose in making this request is to benefit the general public by disseminating information concerning the health, safety, welfare, or legal rights of the general public in the following specific manner:

Signature of Requestor: _____ Approval: _____

III. Purpose of Request: I am requesting access to the public records identified in Section I above for the following purpose: (Check any that apply)

- Research/Personal Information, Commercial Use, Public Issues, Monitor Government
 Other, please specify: _____

IV. Identification of Requestor (Please print clearly)

A. Name of Requestor: _____

B. Name of person for whom records are being requested (if not Requestor): _____

C. Address for Responses, Decision, and Communications:

Street: _____

City: _____ ST: _____ ZIP: _____

Phone, office _____ Phone, home or cell _____

VI. Signature of Requestor (Required)

By signing this Request, I acknowledge and represent that I have reviewed and understood the Village of Hinsdale Rules & Regulations for Implementation of the Illinois Freedom of Information Act and that all of the information provided in support of this request is true and accurate.

Date

Signature of Requestor

The Village will comply with this request within seven (7) working days of the time and date of its receipt unless the seven day period is extended by seven (7) working days as provided by law, or this request is denied. In the case of extension or denial, the extension or denial will be in writing with the reasons therefore. A denial may be appealed in writing to the Village President within fourteen (14) days of receipt of the denial by the requestor. Judicial review under Section 11 of the Illinois Freedom of Information Act is available as a final recourse.

FOR VILLAGE USE ONLY

Received by the Village of Hinsdale, Illinois FOIA Request # _____

Date: _____ Time: _____ Response Due: _____

Name & Title of Village Employee receiving request:

Forward Request to: _____

Signature: _____ Village Manager

Number of Pages	Number of Copies	Date Payment Received	Amount of Payment

Remarks: