

**VILLAGE OF FISHER
REQUEST FOR RECORDS UNDER THE FREEDOM OF INFORMATION ACT**

TO BE COMPLETED BY REQUESTOR:

NAME

DATE

ADDRESS

TELEPHONE

EMAIL (optional)

RECORDS REQUESTED:

**Please provide as much specific detail as possible so the Village can identify the information being requested, including approximate dates and/or categories of records. You may attach additional pages, if necessary*

REQUEST TO (check one):

INSPECT ONLY _____

INSPECT & RECEIVE COPIES _____

RECEIVE COPIES ONLY _____

RECEIVE CERTIFIED COPIES _____

IF REQUESTING ELECTRONIC COPIES, PLEASE SPECIFY FORMAT:

IS THIS REQUEST FOR A COMMERCIAL PURPOSE? 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 fact if requested to do so by the public body (5 ILCS 140.3.1(c))*

SIGNATURE

DATE

-----For Office Use Only-----

Received by: _____ Date: _____

Time: _____