

FOIA - Form A

FOIA # \_\_\_\_\_

WRITTEN REQUEST FOR INSPECTION/COPYING OF PUBLIC RECORDS

[This form is optional and is available on the Village website. Request must be made in writing and received by personal delivery, mail, telefax, email or other means.]

VILLAGE OF NORTHFIELD
361 Happ Road, Northfield, IL 60093;
Fax: 847-446-4670; Phone: 847-446-9200; Email:
Website: www.northfieldil.org

To be Completed by FOIA Requester

1. Name of person making request: \_\_\_\_\_

2. Company Name: \_\_\_\_\_

3. Address of person making request: \_\_\_\_\_

4. City/State/Zip Code: \_\_\_\_\_

5. Telephone number of person making request: \_\_\_\_\_

6. Date of request: \_\_\_\_\_

7. Is request for commercial purposes? Yes \_\_\_\_\_ No \_\_\_\_\_ (if yes, see Form I)
(It is a violation of the Freedom of Information Act for a person to knowingly obtain a public record for commercial purposes without disclosing that it is for a commercial purpose.)

8. Are you requesting a fee waiver? (No Charge for first 50 pages b/w, 8-1/2 x 11 or 8-1/2 by 14 - see Form D)
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, state reason: \_\_\_\_\_

9. Describe in detail below the public records you are requesting and note whether you wish to inspect \_\_\_\_\_ and/or copy \_\_\_\_\_ such records. Please state whether such public records are to be certified \_\_\_\_\_ (additional cost). If you wish to receive the records in a specific electronic format, please describe \_\_\_\_\_.

10. The Village of Northfield will respond to the above request within five (5) working days from the above date unless one or more of the seven (7) reasons for an extension of time provided for in Section 3(e) of the Act are invoked by the Village.

Signature or Email address of person making request

Confirm Email address

DEPARTMENT OR OFFICE (Check the department this FOIA request should be directed to; if uncertain choose Village Clerk)

\_\_\_ Village Clerk/FOIA Officer

\_\_\_ Fire-Rescue Dept.

\_\_\_ Administration/Finance Dept.

\_\_\_ Police Dept.

\_\_\_ Community Dev/Building/Engineering Dept.

\_\_\_ Public Works Dept.

\_\_\_ Other : \_\_\_\_\_

[ROUTING OF REQUEST - FOR OFFICE USE ONLY]

To be completed by FOIA Officer/Coordinator

FOIA Officer/Coordinator Name and Dept: \_\_\_\_\_

Date and Time FOIA Received: \_\_\_\_\_

Date FOIA Response Time Expires (5 business days after the day of receipt of request): \_\_\_\_\_

Copy of FOIA request and attachments filed: \_\_\_\_\_

File folder # for this FOIA request and date created: \_\_\_\_\_

For Commercial FOIA requests complete Form I.