



REQUEST FOR COPIES OR INSPECTION
OF PUBLIC RECORDS UNDER
THE ILLINOIS FREEDOM OF INFORMATION ACT

66 Thillen Drive
Fox Lake, Illinois
60020

Phone: 847-587-2151
Fax: 847-587-2237
www.foxlake.org

Mayor
Cindy Irwin

Village Clerk
Samantha Weeks

Trustees
Nancy E. Koske
Ed Bender
Jack Kiesgen
Greg Murrey
Carol Ulasz
Noel Working

Date: _____ Time: _____

Name: _____

Address: _____

City, State, Zip: _____

Telephone No.: _____

PERSON OR ENTITY REPRESENTED – Please complete only if you are representing another person or entity.

Name: _____

Address: _____

City, State, Zip: _____

Telephone No.: _____

Describe in detail below the public records you are requesting, and state whether you wish to inspect and/or copy such records. Also please state whether such records are to be certified. (Fee for a copy is .25 cent a page, certification is \$2.00 per certification)

Unless otherwise notified the Village of Fox Lake will respond to the above request within seven (7) working days from the date of receipt.

Signature

OFFICIAL USE ONLY:

Number of Copies _____ at \$.25 each Total Fee _____

Date _____ Time _____ am. /p.m.

Public Records mailed _____ picked up _____.

Transaction Number _____ Employee Initials _____

(Requester Signature Proof of Receipt)