



WRITTEN REQUEST FOR INSPECTION OR COPYING OF PUBLIC RECORDS

In compliance with the Illinois Freedom of Information Act

This original, signed FOIA form may be presented **in person, mailed, emailed or faxed** to one of the following

The Village of Fox Lake
Sunny Butler
66 Thillen Drive
Fox Lake, IL 60020
foia@foxlake.org

FOIA Officers at:
The Village of Fox Lake
Ashley Magnine
66 Thillen Drive
Fox Lake, IL 60020
foia@foxlake.org

The Village of Fox Lake
Suesette Trammell
301 IL-59
Fox Lake, IL 60020
foia@foxlake.org

Date of request: _____

Name of requestor: _____

Address of requestor: _____

City: _____ State: _____ Zip: _____

Telephone number: _____ Fax number: _____

Email address: _____

Describe in detail below the public records you are requesting (or attach a list). If the records relate to a specific address or incident, please **include that address or incident number in your request below**.

Do you want electronic copies of the documents emailed? ☐ Yes or ☐ No

If no, please indicate the following: ☐ Pick Up or ☐ Mail Delivery

If electronic copies, in what format? _____

Is this request for a Commercial Purpose? ☐ Yes or ☐ 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 it is for a commercial purpose, if requested to do so by the public body. 5 ILCS 140.3.1(c)).

Are you requesting a fee waiver? ☐ Yes or ☐ No

(If you are requesting that the public body waive any fees for copying the documents, you must attach a statement of the purpose of the request, and whether the principal purpose of the request is to access or disseminate information regarding the health, safety and welfare or legal rights of the general public. 5 ILCS 140/6(c)).

The Village of Fox Lake will respond to noncommercial request within five (5) full working days and commercial request within twenty-one (21) full 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(d) of the Act are invoked by the Village.

Signature of requestor: _____ Date: _____

For more information call (847) 587-2151.

(For Office Use Only)

Accepted by: _____

Received date: _____

Please mark if the following applies:

Authorization to inspect only

Inspection date: _____

Authorization to inspect and copy

Inspection date: _____

For crash report inquiries, please visit www.crashdocs.org to obtain your crash report