



# Village of Niles

1000 Civic Center Drive • Niles, IL 60714  
Phone (847) 588-8000 • Fax (847) 588-8051 • URL: <http://www.vniles.com>

<b>Office use only</b>
Request # _____
Date Rec'd: _____
Due Date: _____

## FREEDOM OF INFORMATION ACT REQUEST FORM

Please *type* or *print* the information on this form.

Requestor's Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Is this information to be used for commercial purposes?    Yes       No

*Note: It is a violation of the Freedom of Information Act to knowingly obtain a public record for commercial purposes without disclosing that it is for a commercial purpose.*

### VILLAGE RECORDS REQUESTED (be specific)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Check which of the following apply:

- I request copies       Email       U.S. Mail       Fax       Pick-up
- I will inspect these records. (*You will be contacted*)

By signing this Request, I acknowledge and represent that I have reviewed and understood the Village of Niles Rules and Regulations pursuant to the Illinois Freedom of Information Act, 5 ILCS 140/1 *et seq.*, and that all of the information provided in support of this request is true and accurate.

\_\_\_\_\_  
Signature of Requestor

\_\_\_\_\_  
Date

*Note: Freedom of Information Act requests will be processed within 5 (five) business days. When additional time is required to process a request, an extension of up to an additional five business days may be given.*

Administrative Use Only			
Authorized by FOIA Officer:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Initials _____	
Routed To: _____		Department: _____	
Routed To: _____		Department: _____	
Routed To: _____		Department: _____	
Returned On: _____			
Released by FOIA Officer:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Initials _____	
Sent to Requestor: Date _____	<input type="checkbox"/> U.S. Mail <input type="checkbox"/> Email <input type="checkbox"/> Pick-up _____	<input type="checkbox"/> Faxed	
<i>Please return to FOIA Officer, Village of Niles • 1000 Civic Center Drive • Niles, IL 60714 (847)588-8006 • (847) 588-8051 Fax • foia@vniles.com</i>			