

VILLAGE OF DIXMOOR

REQUEST TO INSPECT AND/OR COPY RECORDS

Date: \_\_\_\_\_

To: Freedom of Information Officer/ Juanita Darden  
c/o Clerk's Office  
170 W. 145th Street  
Dixmoor, IL 60426  
FOIA@villageofdixmoor.org

I hereby request to inspect  copy \*  the following records:

*(Please describe requested records as specifically as possible, attaching additional page if necessary.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

There is no copying fee for the first 50 black and white standard-sized copies. The fee for additional copies is 15¢ per page. Actual cost will be charged for copies of documents not of standard size, and for the recording medium (e.g, compact disk, tape, DVD), when applicable. There is a \$1.00 fee for certification of copies.

Is this request for a commercial purpose?  Yes  No

Are you requesting a waiver or reduction of copying fees?  Yes  No

If yes, what is the purpose of this request? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Requester's (Printed) Name

\_\_\_\_\_  
Requester's Signature

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

*Phone Number* \_\_\_\_\_

*Name of Business* \_\_\_\_\_

**DO NOT WRITE IN THIS SPACE**

\_\_\_\_\_  
DATE REC'D BY VILLAGE OF DIXMOOR

BY \_\_\_\_\_

RESPONSE DUE \_\_\_\_\_

NOTIFIED BY PHONE  MAIL

DATE \_\_\_ / \_\_\_ / \_\_\_