



# CITY OF OAK FOREST

15440 SOUTH CENTRAL AVENUE • OAK FOREST, ILLINOIS 60452 • 708-687-4050 • FAX: 708-687-8817

## FOIA REQUEST FOR INSPECTION OR COPYING OF RECORDS

Date of Request: \_\_\_\_\_

Name: \_\_\_\_\_

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

Phone (Home): \_\_\_\_\_ (Business): \_\_\_\_\_

E-mail: \_\_\_\_\_ FAX: \_\_\_\_\_

Describe below the public records that you are requesting. Please be as specific as possible:

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

Check All that Apply:  Copies  Inspect Only  Both  Electronic Document  
 Certification Requested Commercial Purpose?  Yes  No

The City will respond to this request within five business days. Request Due Date: \_\_\_\_\_

There is no charge for the first 50 black & white pages, .15¢ per copy thereafter.

I, \_\_\_\_\_ agree to the applicable charges.  
(Signature of person making the request.)

Records received by: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR OFFICE USE ONLY

Route/copy to the following department:

- Police
- Fire
- Building
- Public Works
- City Clerk
- Other \_\_\_\_\_