



CITY OF OAK FOREST

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

REQUEST FOR INSPECTION OR COPYING OF RECORDS

Date of Request: _____

Name: _____

Address: _____

Phone (Home): _____ (Business): _____

(E-Mail): _____

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

Check One: 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 _____