

VILLAGE OF NORTH BARRINGTON
111 OLD BARRINGTON ROAD, NORTH BARRINGTON, ILLINOIS 60010
(847) 381-6000
Fax (847) 381-3303

ILLINOIS FREEDOM OF INFORMATION ACT

REQUEST FORM

Received by: _____ Date Requested: _____
Freedom of Information Act Officer (or his or her designate)

Requester Information:

Name: _____ Day Telephone: _____

Street Address: _____

Present Date: _____ Initial Response

Date: _____

Records Requested:

I Request: (Please Check)

_____ To inspect these records.

_____ Xerox copies of the following records, and agree to \$0.15 per page therefore. (If requesting copies of all records listed above, state "all".)

I warrant and represent that the records requested will not be used for purposed of furthering any commercial enterprise.

Signature of Requester

UNLESS OTHERWISE NOTIFIED, YOUR REQUEST FOR PUBLIC RECORDS WILL BE COMPLIED WITH, WITHIN FIVE (5) WORKING DAYS AFTER ITS RECEIPT.