FREEDOM OF INFORMATION ACT REQUEST FORM

VILLAGE OF ELKHART
PO BOX 20
Elkhart, IL 62634

| | |
|---|---|
| Requestor's Name | Telephone Number |
| Address | Email address |
| City-State-Zip | Will this material be used for commercial solicitation purposes? |
| Signature | |

RECORDS SOUGHT (Be Specific)

_____

_____

_____

1) _____ I would like the documents to be mailed.
   Mailing address:
   Name:_____
   Address:
   _____
   City, State, Zip:_____

2) _____I would like the documents to be emailed.
   Email address:_____

The first fifty(50) pages of black and white letter or legal size pages shall be provided free of charge. Any additional pages shall be charged $.15 per page. Transcription of taped or electronic material shall be the actual cost of reproducing the records excluding any personnel costs. If the information requested is to be mailed, an additional charge for postage will be included. The department will respond to your request within five (5) business days after it is received.

| |
|---|
| If documents are to be used för commercial/solicitation purposes, provide a statement indicating the purpose tor the request. |

**********FOR OFFICE USE ONLY**********

RESPONSE: _____

DATE REQUEST RECEIVED: _____

RESPONSE DATE: _____

RECORDS MADE AVAILABLE: _____

REQUEST DENIED AND REASON:

_____