

Date Received: _____
Date Due: _____
Extension: _____
FOIA Request # _____

Request for Public Records under the Illinois "Freedom of Information Act" (5ILCS 140/1 et seq.)

 Requestor's Name (Please Print)

 Mailing Address (Please Print)

 City State Zip

 Home Phone # Work/Cell #

 Fax #

 REQUESTOR'S SIGNATURE

Date of Request _____

- I wish to:** Inspect only (no copies) Pick up copies
 Receive copies via fax
 Receive copies via e-mail

The Village of Manteno will respond to this request within five (5) business days. If this request requires an extension, five (5) additional days will be requested and sent to you in writing.

The Village of Manteno will respond to Commercial request within twenty-one (21) business days.

 E-mail Address (Please Print)

DESCRIPTION OF PUBLIC RECORD Please be as specific as possible in identifying the document(s) you are seeking.

Is the information requested to be used for Solicitation/Commercial Purposes? Yes No

- RESPONSE:**
 Your request has been approved
 Your request has been denied
 Your request has been partially denied
 Please see the attached letter of explanation

This request has been prepared
 By: _____

Date: _____ # of pages _____

- FEES:**
 Less than 50 pages No Charge
 _____ pages @ .15 ea. _____
 _____ pages (oversize) _____
 Total Due _____