

CITY OF BURBANK
6530 WEST 79th STREET
BURBANK, ILLINOIS 60459
708-599-5500

REQUEST FOR PUBLIC RECORDS PURSUANT TO THE
ILLINOIS FREEDOM OF INFORMATION ACT

Date Requested: _____

Request Submitted By: _____ E-Mail _____ U.S.Mail _____ Fax _____ In Person

Name of Requester: _____

Street Address: _____

City/State/County Zip (required): _____

Telephone (Optional): _____ E-Mail (Optional): _____

Fax (Optional): _____

Records Requested: **Provide as much specific detail as possible so the City of Burbank may identify the information that you are seeking. You may attach additional pages, if necessary.*

- Do you want copies of the documents (no fee for first 50 pages; \$0.15 per page thereafter for black and white copies on standard legal size paper)? YES _____ or NO _____
- Do you want copies certified (\$1.00 charge per record)? YES _____ or NO _____

-- Do you want Electronic Copies or Paper Copies? _____

--If you want Electronic Copies, in what format? _____

Is this request for a Commercial Purpose? YES _____ or NO _____

(It is a violation of the Freedom of Information Act for any person to knowingly obtain public record for a commercial purpose without disclosing that it is for a commercial purpose, if requested to do so by the public body. 5 ILCS 140.3.1(c).

Are you requesting a fee waiver? YES _____ or NO _____

(If you are requesting that the City of Burbank waive any fees for copying the documents, you must attach a statement of the purpose of the request, and whether the principal purpose of the request is to access or disseminate information regarding the health, safety and welfare or legal rights of the general public. 5 ILCS 140/6(c).

(For Official Use Only)

Date Received: _____ Date Response Due _____

Date Requested Information was Delivered/Mailed/Retrieved _____