

VILLAGE OF WAUCONDA
101 N. MAIN ST.
WAUCONDA, IL 60084
PHONE: 847-526-9600 FAX: 847-526-8809

FREEDOM OF INFORMATION REQUEST

The following information is requested in accordance with the Illinois Freedom of Information Act, Illinois Compiled Statutes. I understand that the cost for copies of information or documents requested is \$.15 per page after the first 50 pages. Payment is required in advance, prior to receiving copies.

Is this for Commercial Purposes (yes/no) _____

I would like _____ to inspect
_____ to receive photo copies of

the following information/document(s):

| | | | |
|-----------|-------|--------|-------|
| Name | _____ | Phone | _____ |
| Signature | _____ | Fax | _____ |
| Address | _____ | E-Mail | _____ |
| | _____ | | _____ |

OFFICE USE ONLY:

Received By: _____
Date Received: _____ Time Received: _____

5 Business Day Response Deadline: _____
21 Business Day Response Deadline (Commercial Requests): _____
Date Response Made: _____

Approved _____
Village Administrator

Review of Ordinances and Village Board and Advisory Commission/Committee minutes may be reviewed or copied without the prior approval of the Village Administrator.