

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 request for Commercial Purposes? (yes/no) _____

I would like to:

Inspect the following information/documents.

Receive copies of the following information/documents.

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

OFFICE USE ONLY:

Received By: _____

Date Received: _____ Time Taken To Complete _____

5 Business Day Response Deadline: _____

21 Business Day Response Deadline (Commercial Requests): _____

Date Response Made: _____

Approved _____
Village Administrator

Review of Ordinances and meeting minutes may be reviewed or copied without the prior approval of the Village Administrator.