

**FREEDOM OF INFORMATION ACT REQUEST FORM**

**Name:** \_\_\_\_\_ **Date Submitted:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City/State/Zip:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Records Requested:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***Please indicate the format in which you would like the Village to respond:***

- Inspect at Village Hall during regular business hours (Monday-Friday 9am to 2pm)
- Electronic copies to be sent to the email listed above
- Hard copies and agree to pay the fees (if any) for copies set by the fee schedule below:
  - Black & White/Letter/Legal-Size Copies: No charge for the initial 50 pages and every page after will cost \$0.15
  - Color/Irregular Sized Copies: Actual cost incurred by the Village to reproduce such request

**Signature of Requestor:** \_\_\_\_\_ **Request Number:** \_\_\_\_\_

***Please return completed form to:***

Village of Green Oaks, 2020 O'Plaine Rd, Green Oaks, IL 60048  
Or via email to: [Julie.Goodman@greenoaks.org](mailto:Julie.Goodman@greenoaks.org)

**FOR OFFICE USE ONLY**

|                        |                                      |                     |
|------------------------|--------------------------------------|---------------------|
| Date Request Received: | Date Response Due (5 Business Days): | Date Response Made: |
|------------------------|--------------------------------------|---------------------|

|                  |              |           |       |
|------------------|--------------|-----------|-------|
| Completion Time: | Copies Made: | How Many: | Cost: |
|------------------|--------------|-----------|-------|

|                         |                             |                          |
|-------------------------|-----------------------------|--------------------------|
| Extension Request Date: | Date Extension Notice Sent: | Date Extension Accepted: |
|-------------------------|-----------------------------|--------------------------|

|                          |              |                   |
|--------------------------|--------------|-------------------|
| Request Denied (Yes/No): | Date Denied: | Denied Reasoning: |
|--------------------------|--------------|-------------------|

**FOIA Officer Signature:** \_\_\_\_\_