**Freedom Of Information Act (FOIA)**

**Optional Request Form**

**PLEASE PRINT LEGIBLE**

Date of Request: ______________________ [ ] Inspection  [ ] Copy  [ ] Both

Name: _______________________________________________________________

Company/Organization: ______________________________________________________

Address: __________________________________________________________________

City:___________________________ State: _______________ Zip Code: ____________

Telephone Number: ____________ [ ] Cell Number: ____________

Fax Number: ______________________

E-mail Address: ____________________________________________________________

Pursuant to 5 ILCS 140/1 et seq., “Freedom of Information Act,” I request the following public record(s) from the Village of Bolingbrook. (In order to expedite your request, please be as specific as possible in describing the document(s) you are requesting).

Description:

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

This Request  [ ] is  [ ] is not (choose one) for a commercial purpose.

Response Requested Via:  [ ] Email  [ ] Pick-up  [ ] Mail (fee charged for this)

Requestor’s Signature: __________________________________________________________________________ Date: __________

For Official Use Only

Date Request Received: __________________ By: __________________

Date Request Due: __________________

Date Request Fulfilled: __________________ By: __________________

Date Extension requested: __________________ Date Extension granted: __________________

Date Now Due: __________________

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**Mayor**  
**Clerk’s Office**  
**Attorney**  
**Finance** (Incl. H.R. & I.T.)  
**Public Safety**  
**Public Services & Dev.**

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FOIA Request Form – Rev. 03.14.14