

REQUEST FOR PUBLIC RECORDS

Freedom of Information Act

TO: VILLAGE CLERK
Village of Third Lake
87 N Lake Ave
Third Lake, IL 60030

Phone: 847-223-8422
Fax: 847-223-9356
E-mail: info@thirdlakevillage.com

FROM: _____
Name

Street Address

City State Zip

E-mail Address

SPECIFIC DESCRIPTION OF REQUESTED RECORD(S):

(NOTE: Requests may be exempt under the provision of the Freedom of Information Act (FOIA.)

Is this request being made for commercial purpose? ____ Yes ____ No

(NOTE: IT IS A VIOLATION OF THE FREEDOM OF INFORMATION ACT FOR A PERSON TO KNOWINGLY OBTAIN A PUBLIC RECORD FOR A COMMERCIAL PURPOSE WITHOUT DISCLOSING THAT IT IS FOR A COMMERCIAL PURPOSE.)

Please indicate if you wish to inspect the above referenced record(s) and/or what type of copies you would like to receive:

____ Inspection ____ Printed Copy ____ Electronic Copy ____ Certified Copy

FOR CLERK'S OFFICE USE ONLY

Date Received: _____ Date Response Due: _____

Comments: _____

Date: _____

My signature confirms that I have received the response to my Freedom of Information Request.

Printed Name

Signature