FREEDOM OF INFORMATION ACT REQUEST FORM

Freedom of Information Officer VILLAGE OF ROBBINS 3327 W. 137th Street Robbins, IL 60472 Sharon Dyson – Village Clerk

(Please Print)

Requestor's Name Last Name	First Name		
Company Name (if applicable)			
company Name (ii applicable)			
Mailing Address			
Number & Street	City	State	Zip Code
E-mail Address:			
Cell/Home Phone # Work Phone#	Fa	x#	
Records sought (be specific as possible incl. address, da	ates/timeframe, type o	of records, e	tc):
Address for Records Sought:			
am the owner of the property for which the records a	re being requested:	Yes	No
* * *	<u> </u>		
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