

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) _____

Mailing Address _____
Number & Street City State Zip Code

E-mail Address: _____

Cell/Home Phone # _____ Work Phone# _____ Fax # _____

Records sought (be specific as possible incl. address, dates/timeframe, type of records, etc):

Address for Records Sought: _____

I am the owner of the property for which the records are being requested: _____ Yes _____ No

_____ THIS IS A REQUEST FOR A COMMERCIAL PURPOSE (You must state whether your request is for a commercial purpose. A request for a "commercial purpose" if all or any part of the information will be used in any form for sale, resale or solicitation or advertisement for sales or services. Failure to disclose whether a request is for a commercial purpose is a prosecutable violation of FOIA.)

Requestor's Signature _____ Date _____

Would you like to receive the requested information electronically (if feasible)? _____ Yes _____ No

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