

Freedom of Information Request

TO BE FILLED IN BY REQUESTER:

Date:
 Name of Requester:
 E-mail Address:
 Telephone Number:
 Fax Number:
 Requester's Address:
 City: State: Zip:

 Address associated with this request:
 Document(s) requested:

OFFICE USE ONLY:

Date Received:

 Disposition:
 Document immediately available
 Document e-mailed/faxed/mailed to/picked up (circle one) by requester on: _____
 Cost: _____ pages @ \$0.15/page (Does not include first 50 pages)
 Other: _____

Date of Documents requested:

City Departments related to request:

- | | | | | | |
|----------|------------------|-----------------|-----------|-------------------|---------|
| Building | City Clerk | Code Compliance | Collector | Engineering | Finance |
| Fire | Human Resources | IT | Mayor | Planning & Zoning | |
| Police | Public Relations | Public Works | Treasurer | Water | |

The purpose of this request is (choose one):

- Commercial, pursuant to 5 ILCS 140/2(c-10)
- Not Commercial
- In the public interest, so as to qualify for a fee waiver pursuant to 5 ILCS 140/6(c)

 Signature of Requester

NOTE: Return this form to the CITY CLERK'S OFFICE ONLY, either via email at cityclerk@waukeganil.gov, fax at (847) 360-9744, in person, or via mail. We are required to answer your request within a number of working days after receipt of the request. The length of time for the reply is dependent upon the type of information requested and the purposes for such information. To the extent possible, the majority of responses will be sent via electronic communication. If you wish to receive printed copies, please so advise us, and be aware that a charge of \$0.15/page applies for black and white copies after the first fifty (50) pages.