

VILLAGE OF BRIDGEVIEW

7500 S. Oketo Avenue
Bridgeview, IL 60455

Phone: 708-594-2525
www.villageofbridgeview.com
Fax: 708-924-8095

Request for Public Records

Date Requested: _____

Name of Requester: _____

Street Address: _____

City/State/County Zip (required): _____

Please indicate the format in which you would like the Village of Bridgeview to respond to your request, if applicable: _____ E-mail _____ U.S. Mail _____ Fax _____ Pick-Up

List e-mail, address, fax number, or phone number in which you checked above:

Records Requested: **Provide as much specific detail as possible so the public body can identify the information that you are seeking. you may attach additional pages, if necessary.*

Is this request for a Commercial Purpose? YES or NO

(It is a violation of the Freedom of Information Act for a person to knowingly obtain public records for commercial purposes without disclosing that it is for commercial purpose, if requested to do so by the public body. 5 ILCS 140.3.1©).

Are you requesting a fee waiver? YES or NO

(If you are requesting that the public body waive any fees for copying the documents, you must attach a statement of the purpose of the request, and whether the principle purpose of the request is to access or disseminate information regarding the health, safety, and welfare or legal rights of the general public. 5 ILCS 140/6©).

The Village of Bridgeview will respond to this request within five (5) business working days unless indicated for commercial purposes twenty-one (21) business days.

Signature of Requestor

For Administration Use Only

Date & Time of Completion: _____

Signature of FOIA Officer: _____

Total Fee Due: _____

_____ E-mail _____ Sent via U.S. Mail _____ Faxed _____ Pick-Up at Village Hall