



OFFICE OF THE CITY CLERK

1420 Miner Street
Des Plaines, IL 60016
P: 847.391.5311
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desplaines.org

FREEDOM OF INFORMATION ACT REQUEST FORM

Name: _____

Email: _____

Mailing address: _____

City, State, & Zip: _____

Contact Phone No: _____ Fax No.: _____

Records sought (be as specific as possible, include address, dates, time frame, type or records, etc.):

Multiple horizontal lines for entering record details.

Are these records sought after for a commercial purpose? Yes [] No []

Note: It is a violation of the Freedom of Information Act to knowingly obtain a public record for commercial purposes without disclosing that it is for a commercial purpose.

Check appropriate box to receive documents:

- [] Electronic Records Center [] US Mail [] Pick-up [] Faxed [] Inspect at Clerk's office

Signature: _____ Date: _____