



CITY OF HIGHWOOD
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FOIA # _____
(Staff Only)

FREEDOM OF INFORMATION ACT REQUEST FORM

Today's Date: _____

Name of Requester: _____

Address of Requester: _____

City: _____ State: _____ Zip Code: _____

Telephone (Optional): _____ *Fax (Optional): _____

*E-mail (Optional): _____

*If possible, documents will be sent via email with no copying fees due. Not all records can or will be emailed. If you do not want records sent via email, please leave blank and records will be mailed.

Signature: _____

Records Requested: *Please provide as much specific detail as possible so we can identify the information that you are seeking. You may attach additional pages, if necessary.*

1. Do you want copies of the documents? YES or NO

2. Do you want: Electronic Copies (if available) or Paper Copies (if available)?

3. 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 a public record for a commercial purpose without disclosing that it is for a commercial purpose, if requested to do so by the public body. 5 ILCS 140.3.1(c)).

4. Are you requesting a fee waiver? YES or NO

(If you are requesting the public body waive any fees for copying the documents, you must attach a statement of the purpose of the request, and whether the principal 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(c)).

For Office Use Only

Date Received: _____ Received By _____ Date Due: _____

Administration Building Fire Dept Police Dept