



Freedom of Information Act Request Form

Date of Request: 78-14-16 Time: _____

To: Freedom of Information Act Officer
447 North Catherine Avenue
La Grange Park, Illinois 60526

Phone: 708-354-0225
Fax: 708-354-0241
Email: foia@lagrangepark.org

From: Cabill Building & Roofing
Name _____ Email _____
10527 SO Whipple Chgo 60655
Street Address _____ City _____ Zip _____
773-238-8450
Phone Number _____ Fax Number _____

Please be as specific as possible, describing in detail the record(s) or material you are requesting. Furnish names, dates and incidents when possible. Use reverse side of application if more room is needed.

I request: Permit Copy & Receipt For 820 Beach

Is this request being made for a commercial purpose? _____ Yes _____ No

*Note: The Village has up to twenty-one (21) days to respond to requests for commercial purposes.

Please indicate if you wish to inspect the above referenced record(s) and what type of copies you would like to receive:

_____ Inspection of Record(s) Only Printed Copy _____ Electronic Copy

Do you wish to have copies certified? _____

I understand that this application will be forwarded to the Freedom of Information Act Officer for review and a decision as to whether or not my request will be granted. I understand that I will be notified in writing within five working days of the date my request is received by the Freedom of Information Act Officer of the decision to grant or deny the material, and that if the request is approved, I will be told when and where the material will be made available. I further understand that if my request is denied, I will be advised of the reason(s) of basis for the denial and of my right and method of appeal.

[Signature]
SIGNATURE OF REQUESTOR

-----OFFICE USE ONLY BELOW THIS LINE-----

I received this request on _____ I have reviewed the request and I order that:

_____ Request approved, locate records, notify requestor when and where to view/obtain copies as per the request.

_____ Request denied for the following reason(s):

Notify requestor, giving reason for denial and advise of the right to appeal my decision. A copying charge of \$0.15 per page will be charged after the first fifty (50) black/ white copied pages.

Total number of pages: _____ Total fee due: _____

Signature of Freedom of Information Act Officer