

VILLAGE OF CHICAGO RIDGE

FREEDOM OF INFORMATION REQUEST FORM INSTRUCTIONS AND INFORMATION

1. The information requested in Section 1 is to allow the Village to contact you regarding your request.
2. In Section 2 describe the public records that you wish to inspect or receive copies or certified copies of, and be specific as to the records that you seek. Use a separate sheet, if necessary.
3. Review the fee structure set forth in Section 3. By submitting and signing this Request Form, you agree to pay to the Village, in advance, any and all fees incurred by the Village in copying and certifying the documents you have requested. The fees may be waived or reduced by the Freedom of Information Officer upon a determination that a waiver or reduction is in the public interest in that it is for the health, safety, welfare or the legal rights of the general public and is not for the principal purpose of personal or commercial benefit. A fee reduction or waiver will only be considered if Section 3.B of the Request Form is completed.
4. In Section 4, the information regarding the purpose of the request assists the Freedom of Information Officer in determining whether a fee reduction or waiver is warranted and whether a request is for a commercial purpose. Pursuant to Section 3.1(c) of the Freedom of Information Act, it is a violation of the Act for a person to knowingly obtain a public record for a commercial purpose without disclosing that it is for a commercial purpose.
5. If you requested copies or certified documents, indicate whether you want those records mailed, faxed or whether you will pick them up at the Village Hall. All fees must be paid prior to any records being mailed or picked up.

The Village will disclose the public records requested on this Request Form within 21 business days after the receipt of this Request Form for all requests made for commercial purposes, and within five business days for all other requests, unless the applicable response period is extended as provided by law or the request is denied. All extensions and denials will be in writing and will state the reasons therefore. The requester may seek review of a denial by the Public Access Counselor of the Office of the Illinois Attorney General. Judicial review of a denial is available under Section 11 of the Illinois Freedom of Information Act, 5 ILCS 140/1 *et seq.* For more detailed information, please consult the Village of Chicago Ridge Rules and Regulations for Implementation of the Illinois Freedom of Information Act, which are available from the Freedom of Information Officer.

OFFICE USE ONLY
Date Received Stamp

To: Freedom of Information Officer
Village of Chicago Ridge
10455 S. Ridgeland
Chicago Ridge, IL 60415

1. Requester

A. Name of Requester: _____

Address for Responses

Day Telephone

Number: _____ Fax: _____

Email: _____

2. Request for Records

I request the following public records of the Village of Chicago Ridge:

Records Requested	inspect	copy	certify
_____	—	—	—
_____	—	—	—
_____	—	—	—

3. Agreement to Pay Fees

A. Unless I have requested and received a waiver under Subsection B of this Section, I will pay the following fees for the public records copied or certified at my request:

Black and white copies (letter or legal size)	No charge/1 st 50 pages
Police Arrest Reports	\$0.15/page thereafter
Fire/Ambulance Reports	
Accident Report	\$5.00/report
Certification	\$1.00
Maps (zoning, comprehensive plan or others)	\$30/large, \$15/small
Village Code Book	\$30/entire book
Comprehensive Zoning Plan/Book	\$10/entire plan/book
Mailing	Cost of postage

I agree that for requested records that are not of a type listed above, the fees assessed will be the Village's actual cost for reproducing the record, including fees for paying an outside vendor to copy the record or fees for purchasing electronic medium in order to copy an electronic record. I further agree that the fees stated above will not apply if the fee for the requested record is otherwise determined by statute.

- B. I request a waiver of the fees set forth in Subsection A above, and in support of this request I hereby certify that I will gain no significant personal or commercial benefit from the public records herein requested and that my principal purpose in making this request is to benefit the general public by disseminating information concerning the health, safety, welfare, or legal rights of the general public in the following specific manner:

4. Purpose of Request

Please check Yes or No for each of the following:

- | | <u>Yes</u> | <u>No</u> |
|--|------------|-----------|
| A. I am requesting the public records identified in Section 1 above to use the records, or the information derived therein, for sale, resale, solicitation, or advertisement for sales or service. | ___ | ___ |
| B. I am, or represent, news media or a non-profit, scientific or academic organization. | ___ | ___ |
| C. The principal purpose of this Request for Public Records is to access and disseminate information concerning news and current or passing events. | ___ | ___ |
| D. The principal purpose of this Request for Public Records is for articles of opinion or features of interest to the public. | ___ | ___ |
| E. The principal purpose of this Request for Public Records is academic, scientific, or public research or education. | ___ | ___ |

5. Delivery Method

____ I request that copies of the requested public records be (circle one) mailed or faxed to me at the address or fax number set forth in Section 1 above. I hereby agree to pay all applicable fees and the actual postage for mailing before the records will be mailed.

or

____ I will pick up the requested public records at the Village Hall. I hereby agree to pay all applicable fees when picking up the records.

6. Signature of Requester

By signing this Request, I acknowledge and represent that I have reviewed, and that I understand, Village of Chicago Ridge Rules and Regulations for Implementation of the Illinois Freedom of Information Act and that all of the information provided in support of this request is true and accurate.

Signature of Requester _____ Date: _____