

REQUEST FOR PUBLIC RECORDS

DUNDEE TOWNSHIP
611 EAST MAIN STREET, SUITE #201
EAST DUNDEE, IL 60118

DATE OF REQUEST: _____

REQUEST SUBMITTED BY: _____ E-mail _____ US Mail _____ Fax _____ In Person

NAME OF REQUESTER: _____

ADDRESS OF REQUESTER: _____

Telephone (Optional): _____

E-mail (Optional): _____

RECORDS REQUESTED: *Provide as much specific detail as possible so that the information you are seeking may be identified. You may attach additional pages, if necessary.

Do you want to view the documents? YES or NO

(Contact the Township Clerk for a mutually agreed upon time and date to review the records at the Township Office, 611 East Main Street, Suite #201, in East Dundee during normal working hours.

Do you want copies of the documents? YES or NO

Do you want Electronic Copies (if available) or Paper Copies? _____

If you want Electronic Copies, in what format (email, copied to disk)? _____

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).)

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 principal purpose of the request is to access or disseminate information regarding the health, safety and welfare or legal rights of the general public. 5ILCS 140/6 (c).)

Signature: _____

Date: _____

***** FOR TOWNSHIP USE ONLY *****

Date Request received: _____

Date Response due: _____

Notations regarding oral communications and other information: