

City of Highwood
17 Highwood Avenue
Highwood, Lake County, Illinois 60040
Telephone (847) 432-1924
Fax (847) 432-0735

Number: _____

Charlie Pecaro, Mayor

Marcia Burke, Clerk

FREEDOM OF INFORMATION ACT REQUEST

Date: _____

Pursuant to the Illinois Freedom of Information Act (51LCS 140/1) et seq. a request is hereby made of the City of Highwood to provide the following documents: **(enumerate with specificity the documents you are requesting)**

1. _____
2. _____
3. _____
4. _____

Copy fees: 8 ½ X 11 \$.10 per side, Oversized \$.50 per side
Certification: \$1.00 copy fee per page plus \$1.00 Certification fee
Mailing: Cost of postage plus copy cost

Requesting Party's Name: _____

Address: _____

Phone No. _____

Inspection or copying of documents is requested. Circle one. INSPECTION COPYING

Signature of Requesting Party

Date

INFORMATIONAL NOTES: (1) If the above request is for copying, the City will notify you once the requested documents are prepared. (2) There will be a charge for copying expense and mailing expense, if applicable. (3) Specific delineation or enumeration of the documents requested will simplify compliance and shorten the processing time for any requested document. (4) Applicant will be notified in writing of any denial of a document request under the terms of the Freedom of Information Act.

ACTION TAKEN BY THE CITY WITH REGARDS TO THIS REQUEST

- _____
COMPLIED WITH REQUEST
- _____
Unable to comply within seven (7) days
 - _____
Records kept in another location
 - _____
Volume of records/extensive search
 - _____
Cannot locate/search continues
 - _____
May be exempt/need more time
 - _____
Need additional time
 - _____
Need consultation with other entity

- _____
REQUEST DENIED
- _____
Disclosure prohibited by State/Federal Laws
 - _____
Disclosure invasion of privacy
 - _____
Commercial purpose
 - _____
Request too broad, need more information
 - _____
Exempt from Act

Records will be made by this date: _____ Request filled by: _____