

Village of Bartlett
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Bartlett, IL 60103-4495
Phone 630-837-0800
Fax 630-540-5436
www.village.bartlett.il.us



Date Received: _____
Date Due: _____
Ext. _____
F.O.I.A LOG NUMBER _____

Request for Public Records under the "Freedom of Information Act"

Requestor's Name (Please Print Clearly)

Date of Request _____

Company Name

I wish to: Inspect only Receive Copy Both
(Please Circle One)

Mailing Address (Please Print Clearly)

I wish to have these copies certified
(Please Circle One) Yes (\$1.00 fee)
No

City State Zip

I wish to be contacted when my request is ready by:

(Area Code) Phone Number (Daytime/Primary)

(Please Circle One) Daytime/Primary Phone

(Area Code) Phone Number (Work/Cell)

Work/Cell Phone

Mail

Fax/Email

Fax Number / Email Address

The Agency will respond to your request within FIVE (5) working days.

X REQUESTOR'S SIGNATURE

DESCRIPTION OF PUBLIC RECORD (Please be as specific as possible identifying the document(s) or information you are seeking).

Is the information requested to be used for Solicitation / Commercial Purposes? Yes No
(Please Circle One)

(To be completed by agency).

RESPONSE:

Your request has been approved _____

Your request has been denied _____

Please see the attached letter of explanation _____

This request has been prepared:

By: _____

Name & Title

Date: _____

FEES:

Less than 50 pages No Charge

_____ pages @ .15 ea _____

_____ pages (oversize) _____

_____ Certification Fee @ \$1.00 _____

Total Due _____

I HAVE RECEIVED THE COPIES OF THE DOCUMENTS I REQUESTED

(Requestor's Signature)

(Date)