



FREEDOM OF INFORMATION REQUEST FORM

Date: _____

Name _____ Home Phone _____

Street Address _____ Cell Phone _____

City, State, Zip Code _____ Email Address _____

Type of Request: Inspection Certified Copy Copy

Is this a request for a commercial purpose? Yes No

Records Requested*: (Please be specific as possible)

Purpose of the Request:

The Township of Joliet will respond to a request for public records within 5 working days after receipt of this form and 21 days to reply for commercial enterprise requests. If your request is denied, you may file an appeal. Appeals should be addressed to the Public Access Counselor at the Illinois Attorney General's Office.

Requested by: _____

*Applicable fees will be determined after request is reviewed.

FOR OFFICE USE ONLY

Received By	Date Received	Date of Response	Action Taken	Request Denied

Number of Pages	Number of Copies	Date Payment Received	Amount of Payment