

Date and Time Stamp Received:

FOIA #17 -____ Request for Public Records

Return requests to the Village Clerk's Office, 7800 Archer Road, Justice, IL 60458 or via e-mail clerk@villageofjustice.org.

(Company/Entity) (Address) Phone Number Description of Documassist in our search)	Fax Nur	nber	City	State	Zip Code
Phone Number Description of Docum		nber	•	State	Zip Code
Description of Docum		nber			
-			E-Mail		
,	nents Requested	l: (please provid	le specific names/addres	sses/dates and/or	information to
Please indicate if you	wish to inspec	t the above-capt	nmercial purpose: Ye ioned records or would d like the information ele	like copies and i	
□ Inspection	□ Сору	□ Both	☐ Electronic (if avai	ilable) \Box C	Certified (\$1.00)
ГО BE COMPLETEI	D BY THE VIL	LAGE: DUE D	ATE:		
Request Received by (E	mployee/Departme	ent): Date	Request forward t	to (Employee/Depar	rtment): Date

SCHEDULE OF FEES FOR DUPLICATION OF PUBLIC RECORDS

Copying Fees

Black & White letter or legal sized copies first 50 pages free

After 50 pages Black & White letter or legal sized 15 cents per page

Copies in color or in a size other than letter or legal sized will be charged at actual cost for reproducing the records

Electronic Format

Actual cost of purchasing the recording medium, disc, diskette, tape, or other medium