



Date and Time Stamp Received:

FOIA #10 - _____
Request for Public Records

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

(Name) First Last

(Company/Entity)

(Address) City State Zip Code

Phone Number Fax Number E-Mail

Description of Documents Requested: (please provide specific names/addresses/dates and/or information to assist in our search)

Three horizontal lines for text entry.

Please indicate if the requested records are for a commercial purpose: [] Yes [] No

Please indicate if you wish to inspect the above-captioned records or would like copies and if the documents must be certified. Please further indicate if you would like the information electronically (if available)

[] Inspection [] Copy [] Both [] Electronic (if available) [] Certified (\$1.00)

TO BE COMPLETED BY THE VILLAGE: DUE DATE: _____

Table with 4 columns: Request Received by (Employee/Department), Date, Request forward to (Employee/Department), Date. Contains 4 empty rows.

Please indicate if the request was approved or denied: ___ Approved ___ Denied: ___(In Whole) ___(In Part)

Reviewed by FOIA Officer: _____ 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**