

FREEDOM OF INFORMATION REQUEST FORM

PROVISO TOWNSHIP
Grady Rivers, Jr., Township Clerk
Freedom of Information Officer
2131 W Roosevelt Road
Broadview, IL 60155
Ph: (708) 344-7676
Fax: (708) 344-7742

Date: _____

FOR OFFICE USE ONLY:

Due: _____

Completion Date: _____

I hereby request production of the following records. Please describe in detail, and use the reverse side or attach a separate sheet of paper if necessary.

Check which one of the following apply:

I will inspect these records at the Township Office

I request copies of the following records and agree to pay the appropriate fee (as indicated below). If requesting copies of all records listed above, state "all".

Please certify the following documents. (I agree to pay \$1.75 for each document certified, which is in addition to the cost per page.

State the purpose for requesting this information (personal, business, school, work, press, etc.):

Name: _____
(Please Print)

Address: _____

Phone: Office: _____ Home: _____ other: _____

Representing: _____

Signature: _____

THE TOWNSHIP HAS SEVEN (7) WORKING DAYS TO RESPOND TO YOUR REQUEST. (These seven (7) days start one day following the receipt of the request, pursuant to the IL Freedom of Information Act.)

8 1/2" X 11" COPIES \$0.25 PER PAGE	8 1/4" X 14" COPIES \$0.35 PER PAGE	CERTIFICATIONS OF DOCUMENT \$1.75 PER PAGE (1 PER DOCUMENT)	CHARGES FOR TOWNSHIP RECORDS IN BOOK OR PAMPHLET FORM SHALL BE ASSESSED FOR SUCH MATERIALS BASED UPON THE COST OF SUCH MATERIALS INCURRED BY THE TOWNSHIP. COPYING OF ANY MATERIALS THAT REQUIRE OUTSIDE DUPLICATION SHALL BE CHARGED AT A RATE BASED UPON THE COST OF SUCH COPYING OR REPRODUCTION
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