Village of Elk Grove Village Office of the Village Clerk 901 Wellington Avenue Elk Grove Village, IL 60007 Ph. 847/357-4042 Fax 847/357-4008

	(Office Use Only)
Request No.	
Date Received	
Due Date	
Routed to: CD Finance	Health \square HR \square
PW □ Police □ Fire □ VMO	□ Attorney□ VCO □

REQUEST FOR PRODUCTION OF RECORDS All requests for public records must be made in writing, preferably upon a Village of Elk Grove Freedom of Information Request Form. The Village will accept any legible written request, provided that such written request is clearly stated and contains the name, address and telephone number of the requestor. Requests may be hand-delivered, faxed, mailed or emailed (foia@elkgrove.org). Requestor Name: (Please Print) Address:				
				(Day time):Fax:
			Detaile	d Description of Requested Record(s):
Is this i	Information going to be used for commercial purposes? Yes \Box No \Box			
of receip	dance with the law, the Village of Elk Grove Village will respond to all non-commercial requests upon five (5) working days of. Responses to commercial requests will be provided upon twenty-one (21) working days of receipt. (Working day as by Village Resolution No. 63-09.)			
I have	e received access to records requested.			
-	Signature Date			
	ACTION TAKEN BY VILLAGE WITH REGARDS TO THIS REQUEST			
	Complied with Request			
	Extension of time is required (Please see the attached letter of explanation) Sent to Public Access Counselor for review Date sent://			
	Partial Compliance (Certain material contained in the original request has been redacted or omitted because the material is exempt from disclosure under the act. Please see the attached letter of explanation)			
	Request Denied (Please see the attached letter of explanation)			

Representative of Village who is responsible for decision relative to this request

First fifty (50) pages of standard black & white copies are provided at no charge.

Black & White copies after first 50 pages
Audio Tape/Compact Disk/DVD
S5.00/unit
Copy from Microfilm
Certification
Accident Reports
S0.15/page
\$5.00/unit
\$1.00/page
\$1.00/document

Amount Due \$_____

Date

Title