



VILLAGE OF BENSENVILLE FREEDOM OF INFORMATION ACT REQUEST FORM

BENSENVILLE
VILLAGE CLERK'S OFFICE

TO: COREY WILLIAMSEN

*Freedom of Information Officer
Village of Bensenville
12 S. Center Street
Bensenville, IL 60106*

FROM: Name _____

Address _____

Phone _____

E-Mail _____

TITLES OR DESCRIPTION OF RECORDS REQUESTED (Please Include Date of Birth and Case Number for Police Records):

____ THIS REQUEST IS FOR A COMMERCIAL PURPOSE (*You must state whether your request is for a commercial purpose.* A request is for a “commercial purpose” if all or any part of the information will be used in any form for sale, resale, or solicitation or advertisement for sales or services. Failure to disclose whether a request is for a commercial purpose is a prosecutable violation of FOIA.)

Would like your request delivered via: E-Mail U.S. Mail Pick-Up*

**Pick-Up is available by appointment at Village Hall Monday thru Friday; between 8:00 a.m. – 5:00 p.m.*

I understand that any payment need be received before any documents are copied and/or mailed.

Date _____ Signature _____

All FOIA responses are posted on the Village's website. Name and address of the requestor will be made public.

The first fifty (50) pages of the request are free. The fee charge is fifteen (15) cents after the first fifty (50) pages.

Unless otherwise notified, your request for public records will be compiled within five (5) working days.

Unless otherwise notified, any request for commercial purposes will be compiled within twenty-one (21) days working days.

COREY WILLIAMSEN, FREEDOM OF INFORMATION OFFICER

Telephone: (630) 350-3404 Facsimile: (630) 350-3438

E-mail Address: FOIArequest@bensenville.il.us

*****For Freedom of Information Officer Use Only*****

Date Request
Received

Date Response
Due

Date Extended
Response Due

Total Charges

Date Documents
Copied or Inspected

Received by Employee: _____