VILLAGE OF SOUTH CHICAGO HEIGHTS
3317 CHICAGO ROAD
P.O. BOX 770
SOUTH CHICAGO HEIGHTS, IL 60411

FREEDOM OF INFORMATION/REQUEST FOR PUBLIC RECORDS

NAME, ADDRESS AND TELEPHONE
NUMBER OF PERSONS MAKING REQUEST: _____

(NAME)

_____

_____

(ADDRESS)

_____

(TELEPHONE #)

DATE OF REQUEST: _____

(DATE)

DESCRIPTION OF PUBLIC RECORDS IN THE POSSESSION OF THE VILLAGE OF SOUTH CHICAGO HEIGHTS THAT REQUEST OR WISHES TO INSPECT_____AND/OR RECIEVES COPY OF_____ (CHECK ONE)

_____

_____

_____

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I UNDERSTAND THAT THE VILLAGE OF SOUTH CHICAGO HEIGHTS WILL RESPOND TO THE ABOVE REQUEST WITHIN SEVEN (7) WORKING DAYS UNLESS ONE OF THE ALLOWED REASONS FOR AN EXTENSION OF TIME IS INVOKED BY THE VILLAGE. I UNDERSTAND THAT IF COPIES ARE REQUESTED A FEE OF $.25 PER PAGE PAYABLE IN ADVANCE OF RECIEPT OF COPIES PLUS ANY EXTRA AMOUNT FOR POSTAGE IF OVER ONE OUNCE IS REQUIRED. I ALSO UNDERSTAND THAT IF THIS REQUEST IS DENIED, I MAY APPEAL THE DENIAL IN WRITING TO THE VILLAGE PRESIDENT.

_____

(SIGNATURE OF REQUESTOR)