

ST CHARLES TOWNSHIP
1725 DEAN STREET
ST CHARLES, IL 60174

(630) 584-9342

FOIA REQUEST FORM

Date Requested: _____

Request Submitted by: E-mail, U.S. Mail, Fax, In Person

Name of Requester: _____

Street Address: _____

City/State/County/Zip (required): _____

Telephone (Optional): _____ E-mail (Optional): _____

Fax (Optional): _____

Office Requested from:

Supervisor Assessor Road District Cemetery

Records Requested: **Provide as much specific detail as possible so the Township can identify the information that you are seeking. You may attach additional pages, if necessary.*

Do you want copies of the documents? YES or NO

--Do you want Electronic Copies, if available, or Paper Copies? _____

--If Electronic Copies are available, in what format? _____

Is this request for a Commercial Purpose? YES or NO?

(It is a violation of the Freedom of Information Act for a person to knowingly obtain a public record for a commercial purpose without disclosing that it is for a commercial purpose, if requested to do so by the public body. 5 ILCS 140.3.1(c)).

Are you requesting a fee waiver? YES or NO?

(If you are requesting that St. Charles Township waive any fees for copying the documents, you must attach a statement of the purpose of the request and whether the principal purpose of the request is to access or disseminate information regarding the health, safety and welfare or legal rights of the general public. 5 ILCS 140/6(c)).