



# Village of Inverness

1400 Baldwin Road • Inverness, Illinois 60067

## ILLINOIS FREEDOM OF INFORMATION ACT REQUEST FORM IF YOU DO NOT USE THIS FORM, YOU MUST PROVIDE YOUR REQUEST IN WRITING

### REQUESTER INFORMATION:

Name: \_\_\_\_\_ Day Telephone or e-mail: \_\_\_\_\_

Address: \_\_\_\_\_ Present Date: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Describe in detail the Public Records you are requesting:

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Will you use part or all of the records: to sell, to solicit, or advertise for sales or services?

Yes  No

Are you any of the following: news media, not-for-profit organization, scientific or academic institution:

Yes  No

I request (Please check):

To inspect these records.

Photostatic copies of the following records, and agree, if there is a fee for copies, it must be paid prior to their release. Fees for copying, if any, are posted at our offices and on our website: [www.villageofinverness.org](http://www.villageofinverness.org).

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\_\_\_\_\_

Certified copies of the following documents for which an additional fee is due.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Requester

The Village of Inverness will respond to the above request within five (5) business days from the date this request is received.

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[FOR OFFICE USE ONLY]

Date received: \_\_\_\_\_ Received by: \_\_\_\_\_  
NOTE DATE RECEIVED. FORWARD TO THE FOIA OFFICER UPON RECEIPT.

FOIA Officer Received: \_\_\_\_\_ Response period expires on: \_\_\_\_\_

Date complied with: \_\_\_\_\_ Approved by: \_\_\_\_\_

Number of copies made: \_\_\_\_\_ Cost: \_\_\_\_\_

Denied by: \_\_\_\_\_ Date denial letter sent: \_\_\_\_\_

Reason for extension or denial (if applicable):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_