



## FREEDOM OF INFORMATION ACT (FOIA) REQUEST FORM

**Pam Torres**  
Fire Department FOIA Officer  
Village of Oak Lawn  
9446 South Raymond Avenue  
Oak Lawn, IL 60453  
Phone: (708) 499-7709  
Fax: (708) 598-3092  
Email: [ptorres@oaklawn-il.gov](mailto:ptorres@oaklawn-il.gov)

DATE: \_\_\_\_\_

FOIA #2016: \_\_\_\_\_

This is a request for information under the Illinois Freedom of Information Act, 5 ILCS 140/1, *et seq.* I request that a copy of the following documents or documents containing the following information be provided me:

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**Choose one:**

- Inspect documents in person.  Copies of documents: First 50 copies are free then \$0.15 per page 5 ILCS 140/6.  
 Yes  No I am willing to pay fees for this request up to a maximum of \$\_\_\_\_\_. If more than this limit, inform me first.  
 This is a commercial request. The Village must produce this request within a reasonable period considering the size and complexity of the request up to 21 business days.

***Any attempt to procure a public record for a commercial purpose without disclosing that the use is for a commercial purpose constitutes a violation of the Act warranting a fine.***

Name: \_\_\_\_\_ Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Received by: \_\_\_\_\_ FOIA #2016: \_\_\_\_\_  
Forward to (Department): \_\_\_\_\_ Completion Date: \_\_\_\_\_

**FOIA COMPLETION:** NOTE: All copy fees must be paid in full before the requested information is released.

Requestor Contacted: \_\_\_\_\_ Copy Fees: \_\_\_\_\_  
Sent by US Mail: \_\_\_\_\_ Email: \_\_\_\_\_  
Faxed: \_\_\_\_\_ Received in person: \_\_\_\_\_

**COMPLETED BY:** \_\_\_\_\_

