



# FREEDOM OF INFORMATION REQUEST

Administration  
600 Main St. NW  
Bourbonnais, IL 60914  
815-937-3570 • Fax 815-937-3467  
CLICK LINK TO SUBMIT COMPLETED FORM:  
[bourbonnais@villageofbourbonnais.com](mailto:bourbonnais@villageofbourbonnais.com)  
[www.villageofbourbonnais.com](http://www.villageofbourbonnais.com)

DATE OF REQUEST: \_\_\_\_\_

The Freedom of Information Act took effect on July 1, 1984 (5 ILCS 140/1 et seq.) and was substantially amended by PA 96-0542 effective January 1, 2010.

Any records which are the subject of a request under the Freedom of Information Act shall be retrieved from such place as they are stored, by the FOIA Officer, or by an employee of the Village acting under the direction of the FOIA Officer. I hereby request the following public records within five (5) working days. I understand the first 50 pages of black & white copies will be free of charge and thereafter I will pay \$.15 per page for any copies. For color copies or irregular-sized copies, the public body can charge the actual cost of copying.

I, the undersigned, do hereby request the exact description & title of public records from the Village of Bourbonnais:

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

**SELECT ONE:**  I WILL PICK UP MY REQUEST  MAIL MY REQUEST  EMAIL  FAX

NAME/COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**DO NOT WRITE BELOW LINE (Office Use Only)**

Request # 20 \_\_\_\_ - \_\_\_\_ Date Request Received: \_\_\_\_ / \_\_\_\_ / 20\_\_\_\_ Time: \_\_\_\_\_ AM / PM

Approved By: \_\_\_\_\_ Title: FOIA Officer

Reply Sent: Date: \_\_\_\_ / \_\_\_\_ / 20\_\_\_\_ Time: \_\_\_\_\_ AM / PM

Other, please state reason: \_\_\_\_\_

Required Signature upon Pickup: \_\_\_\_\_