

VILLAGE OF CAROL STREAM
500 N. GARY AVENUE - CAROL STREAM, IL 60188
(630-665-7050) FAX (630-665-1064)

FREEDOM OF INFORMATION ACT
REQUEST FOR INFORMATION

(State Statutes allow 7 working days to provide requested information)

NAME OF INDIVIDUAL AND/OR AGENCY REQUESTING INFORMATION:

ADDRESS: _____

TELEPHONE NUMBER: _____ DATE: _____

DOCUMENT AND/OR RECORDS REQUESTED:

(For Police Reports please provide the full name, social security # and Date Of Birth of the subject of the requested report)

Inspection Only: _____

Duplication Fee: \$.20 per page

Microfilm copies: \$2.00 per page

Duplication: _____ #of Copies: _____

of pages duplicated: _____ Fee: _____

Signature of Applicant