**ILLINOIS FREEDOM OF**

File Date

**INFORMATION ACT**

**REQUEST FOR PUBLIC**

**RECORDS**

To: Village of Hillcrest From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 204 Hillcrest Ave Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Rochelle, IL 61068 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DESCRIPTION OF REQUESTED RECORD(S):

\_\_\_\_\_\_\_\_***This request is for commercial purposes (this information must be disclosed upon request)***

***Please indicate your preferred method of delivery for the information requested above or if you wish to inspect the above records at the Village of Hillcrest, Village Hall:*** FAX EMAIL MAIL INSPECT

Signature of requestor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**THIS INFORMATION WILL BE AVAILABLE WITHIN 5 WORKING DAYS OF YOUR REQUEST UNLESS OTHERWISE NOTED AS BELOW**

**Duplication Fee Schedule for copies after 50 pages**:

Paper copy from original $.15 per copy

Certification of Public Records No Charge

To be completed by the Freedom of Information Act Officer

\_\_\_\_\_\_The above request for above captioned records have been approved. The documents will be made available upon payment of copying costs in the amount of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (if applicable).

\_\_\_\_\_\_A limited search of our accessible records produced the enclosed documentation for the above request.

\_\_\_\_\_\_A limited search of our accessible records revealed no available documentation on the above request.

\_\_\_\_\_\_The Village of Hillcrest will need an additional 5 days to locate and prepare the requested information. \_\_\_\_\_\_This request is denied as it places an unreasonable burden upon the Village of Hillcrest.

*Freedom of Information Officer: Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*