

MILTON TOWNSHIP FREEDOM OF INFORMATION ACT REQUEST
FORM DAN BAILEY, FREEDOM OF INFORMATION OFFICER

Phone: 630.668.1616

FAX: 630.668.1608

Email: foia@miltontownship.net

TO: Dan Bailey, Freedom of Information Officer
Milton Township
1492 N. Main Street
Wheaton, IL 60187

FROM: Name: _____
Address: _____
Phone: _____
Email: _____

TITLES OR DESCRIPTION OF RECORDS REQUESTED:

(Use Attachment if Additional Space is Needed for Description)

CHECK ALL OF THE FOLLOWING THAT APPLY:

I wish only to inspect these records at the office of the Freedom of Information Officer, above. I understand that inspection is available only during regular business hours, Monday – Friday, from 8:30am until 4:30 pm, except legal holidays.

I request copies of the foregoing records in the following format, if available, and agree to pay the charges as indicated (if format is not available, you will be contacted and asked to select another):

8 1/2" x 11" or legal, black and white, on white paper. First 50 pages free; \$0.15/pg. thereafter

Other color print or paper stock Actual cost of reproduction
(Please specify) _____

CD/DVD Actual cost of medium

Other electronic medium Actual cost of medium

I request that the copies be sent via U.S. Mail Cost of actual postage

I request that the copies be emailed to me

THIS REQUEST IS FOR A COMMERCIAL PURPOSE (You must state whether your request is for a commercial purpose. A request is for a commercial purpose if all or any part of the information will be used in any form for sale, resale, or solicitation or advertisement for sales or services. Failure to disclose whether a request is for a commercial purpose is a prosecutable violation of FOIA.)

I understand that any payment need be received before any documents are copied and /or mailed.

Date

Signature