



FREEDOM OF INFORMATION ACT REQUEST FORM

Submit Completed Request To:

Lockport Township Government
1463 S. Farrell Road
Lockport, IL 60441

Email: erin@lockporttownship.com

Fax: 815-838-4272

Requestor's Name: _____ Date of Request: ____/____/____

Street Address: _____ City: _____ State: _____ Zip: _____

Daytime Phone # (_____) _____

Records Requested: (Provide as much specific detail as possible to help identify the information that you are seeking)

Four horizontal lines for providing details on records requested.

- Please note: Public entities may not charge fees for the first 50 pages. After the first 50 pages, the fee for black and white copies shall be \$0.15 per page. I understand any required payment must be received before any documents are copied and/or mailed.

Check all the following that are applicable:

- I wish to pick up in the Clerk's office.
I wish only to inspect these records at the office of the Lockport Township Clerk. I understand inspection is available only during regular business hours.
I request the copies be sent via U.S. Mail
I request the copies be e-mailed to me. E-mail address: _____
This request is for Commercial Purpose

FOR FREEDOM OF INFORMATION OFFICER USE ONLY

DATE RECEIVED DATE RESPONSE DUE DATE OF DELIVERY

Signature of Requestor