FREEDOM OF INFORMATION ACT REQUEST FORM

Submit Completed Request To:

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

FOIA OFFICERS:

Clerk's Office: Denise Mushro Rumchak (815) 838-1031

Assessor Office: MaryAnn Williamson (815) 838-0780

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)

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- 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 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