

**FREEDOM OF INFORMATION REQUEST**

VILLAGE OF ROSEMONT

9501 W. Devon Avenue

Rosemont, IL 60018

TX: 847-825-4404 / Fax: 847-825-4428 / MAYORSOFFICE@VILLAGEOFROSEMONT.ORG

REQUESTERS NAME: \_\_\_\_\_ DATE OF REQUEST: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TX: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

RECORDS SOUGHT (BE AS SPECIFIC AS POSSIBLE): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DATE(S) OF RECORDS SOUGHT (IF KNOWN): \_\_\_\_\_

VILLAGE ORDINANCE NUMBER SOUGHT (IF KNOWN): \_\_\_\_\_

SIGNATURE OF REQUESTER: \_\_\_\_\_

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THE VILLAGE OF ROSEMONT WILL APPROVE OR DENY REQUESTS FOR RECORDS WITHIN FIVE (5)  
WORKING DAYS AFTER ITS RECEIPT.

**THIS SECTION FOR VILLAGE USE ONLY**

DATE REQUEST IS RECEIVED: \_\_\_\_\_

REQUEST APPROVED \_\_\_\_\_ REQUEST DENIED \_\_\_\_\_

COPIES MADE: \_\_\_\_\_ COST: \$ \_\_\_\_\_

TIME TAKEN TO FILL REQUEST: \_\_\_\_\_ COST: \$ \_\_\_\_\_

TOTAL CHARGES TO REQUESTER: \$ \_\_\_\_\_

REMARKS: \_\_\_\_\_

\_\_\_\_\_

REASON FOR DENIAL, IF DENIED: \_\_\_\_\_

\_\_\_\_\_

DATE OF ACTION ON REQUEST: \_\_\_\_\_

AUTHORIZED OFFICIAL SIGNATURE: \_\_\_\_\_