

# Waukegan Township



Marc L. Jones, Supervisor

## REQUEST FOR RECORDS IN ACCORDANCE WITH THE FREEDOM OF INFORMATION ACT

149 S. Genesee Street  
Waukegan, IL 60085  
(847)244-4900(847) 244-5185 – Fax

I am requesting to:  Copy  Inspect  Certify the following public records:

No fees shall be charged for the first 50 pages of black and white, letter or legal sized copies requested by a requester. The charge for additional copies will be \$0.15 center per copy (each side), the actual cost of reproducing the records. Certification of documents is an additional \$1.00.

Requested By: Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Office Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

### Information Requested:

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Will this material be used for commercial purposes?  Yes  No

A response to your request will be made within five (5) working days for the receipt of this request.

A response will be available on \_\_\_\_\_, please indicate how you will receive the information.

In Person  Email  Fax  Mail

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For Office Use Only  Online  Fax  Email  
Dept:  Supervisor's  Seniors  Assessors  Highway  Other \_\_\_\_\_

### Information Received

By: \_\_\_\_\_

Print Name

Signature

Number of Photocopies \_\_\_\_\_ Total Cost \_\_\_\_\_ Photocopying Fees \_\_\_\_\_

Certification Fees \_\_\_\_\_ Paid in Full \_\_\_\_\_ Form of Payment \_\_\_\_\_

Request filled by; \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Additional time requested by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Denial Sent by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Given/Sent to: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Authorized by: \_\_\_\_\_