

Village of Blue Mound, IL  
Official Request for Public Records  
Under the Illinois Freedom of Information Act

Name and address of Public Body Receiving Request: \_\_\_\_\_  
\_\_\_\_\_

Date Requested: \_\_\_\_\_

Request Submitted By:  E-Mail  U.S. Mail  Fax  In Person

Name of Requester: \_\_\_\_\_

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

City/State/County Zip Code (required): \_\_\_\_\_

Telephone (Optional): \_\_\_\_\_ E-mail (Optional): \_\_\_\_\_

Fax (Optional): \_\_\_\_\_

**Records Requested:** \*Provide as much specific detail as possible so the public body can identify the information that you are seeking. You may attach additional pages, if necessary.

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Do you want copies of the documents? YES OR NO

\*Do you want Electronic Copies or Paper Copies? \_\_\_\_\_

\*If you want Electronic Copies, in what format? \_\_\_\_\_

Paper responses may be charged 15 cents per page for each page in excess of 50 pages.

Is this request for a Commercial Purpose? YES OR NO

(It is a violation of the Freedom of Information Act for a person to knowingly obtain a public record for a commercial purpose without disclosing that it is for a commercial purpose, if requested to do so by the public body.

**5ILCS 140.3.1 (C).**

Are you requesting a fee waiver? YES OR NO

(If you are requesting that the public body waive any fees for copying the documents, you must attach a statement of the purpose of the request, and whether the principal purpose of the request is to access or disseminate information regarding the health, safety and welfare or legal rights or the General Public. **5ILCS 140/6(C).**

