

VILLAGE OF SUMMIT

**JOSEPH W. STRZELCZYK
VILLAGE PRESIDENT**

7321 West 59th Street
Summit, Illinois 60501
708-563-4800 Fax 708-563-9340
The Village of Summit. Com

**REQUEST FOR INFORMATION UNDER THE
FREEDOM OF INFORMATION ACT**

Name of person making request _____

Address of person making request _____

E-Mail address _____

Telephone Number of person making request _____

Date of Request _____

Is request for commercial purposes? (yes/no) _____

Describe in detail below the public records you are requesting and state whether you wish to inspect and/or copy such records. Also, please state if public records are to be certified.

The Village of Summit will respond to the above request within five (5) working days from the above date unless one or more of the seven (7) reasons for an extension of time provided for in Section 3 (e) of the Act are invoked by the Village.

SIGNATURE OF PERSON MAKING REQUEST

ROUTING OF REQUEST: (FOR OFFICE USE ONLY) Routing Dept. _____

Date Received: _____

Date Response time expires: _____

Date Sent _____

Copy of Request and attachments filed: _____

Routing (Department) _____

Date Sent: _____