

Freedom of Information Act (FOIA) Request

Village of Willow Springs
 One Village Circle, Willow Springs, Illinois
 Phone: (708) 467-3700
 Fax: (708) 467-3710

Requestor Information		
Name: _____		
Street Address: _____		
City: _____	State: _____	ZIP Code: _____
Phone Number #1: _____	Phone Number #2: _____	
Email Address: _____		
Are you the subject of the records or information requested? Yes No		
Description of Records or Information Requested		
In order to best respond to your request, please be as specific as possible when describing the records or information you are requesting.		
Date of Request: _____ Time: _____		
Signature of Requestor: _____		
Preferred Delivery Method		
Email to: _____		
Fax to: _____		
Mail to: _____		
Will Pick-Up. Call: _____		
Note: There is a fee of .15 cents per page for all hard copies in excess of the first 50 pages.		

For Office Use Only
Date Received: _____ Initials: _____
Copies of this FOIA request have been forwarded to:
<input type="checkbox"/> Police Chief <input type="checkbox"/> Fire Department <input type="checkbox"/> Building Department <input type="checkbox"/> Village Clerk's Office <input type="checkbox"/> Attorney