CITY OF CHESTER, ILLINOIS FREEDOM OF INFORMATION REQUEST

Note to Requestor: Retain a copy of this request for your files. If you eventually need to file a Request for Review with the Public Access Counselor, you will need to submit a copy of your FOIA request.

Records Requested: Provide as much specific detail as possible so that the City can identify the information that you are seeking. You may attach additional pages, if necessary.	
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Is your request to: Inspect Records	Copy Records Copy/Certify Records
Signed:	Date:
When records are ready, I can be contacted	d at: *Please indicate if records will be used for a commercial purpose:
Name	□ No □ Yes (please explain)
Mailing Address	
City State	Zip I would prefer to be contacted by (check one):
(Area Code) Telephone Number	□ Telephone □ E-Mail □ Letter
E-Mail Address (please print legibly)	□ Fax
*It is a violation of the Freedom of Information Act for a pers that it is for a commercial purpose, if requested to do so by the Are you requesting a fee waiver?	
If you are requesting that the City waive any fees for copying	the documents, you must attach a statement of the purpose of the request and whether te information regarding the health, safety and welfare or legal rights of the general
PLEASE DC	NOT WRITE BELOW THIS LINE
Request Received on:at	a.m./p.m. By:
Request Submitted by: E-Mail U.S	
·	ata.m./p.m. By:
	Extended 5 days to:
Records provided on:	