



Waukegan Township

Patricia 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:

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

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: _____