

**VILLAGE OF WAUCONDA
101 N. MAIN STREET
WAUCONDA, IL 60084
TELEPHONE: 847.526.9600
FAX: 847.526.8809**

FREEDOM OF INFORMATION REQUEST

The following information is requested in accordance with the Illinois Freedom of Information Act, Illinois Compiled Statutes. I understand that the cost for copies of information or documents requested is \$.15 per page after the first 50 pages. Payment is required in advance, prior to receiving copies.

Is this for Commercial Purposes: Yes _____ No _____

I would like to inspect _____ or I would like to receive copies of _____ the following information/documents:

| | | | |
|-----------|-------|--------|-------|
| Name | _____ | Phone | _____ |
| Signature | _____ | Fax | _____ |
| Address | _____ | E-Mail | _____ |

***** FOR OFFICE USE ONLY *****

Received by: _____

Date Received: _____ Time Received: _____

5 Business Day Response Deadline: _____

21 Business Day Response Deadline (Commercial Requests): _____

Date Response Made: _____

Approved: _____ Date _____
Village Administrator

For review of Ordinances and Village Board and Advisory Commission/Committee minutes please visit the Village website at www.wauconda-il.gov.