**Mike Howley, Mayor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**D’Lorah Catizone, MMC City Clerk**

**Dan Schramm, City Treasurer**

**Aldermen**

**Mike McHugh, Ward 1 Brian Waight, Ward 1**

**Debbie Ferrero, Ward 2 John Szeszycki, Ward 2**

**Tom McAvoy, Ward 3 Brian Fonte, Ward 3**

**Scott Zimmerman, Ward 4 Joseph Stachnik, Ward 4**

**FREEDOM OF INFORMATION ACT (FOIA) REQUEST**

**TO: City of Hickory Hills FOIA Officer DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **D’Lorah Catizone, MMC**

 **City Clerk**

 **8652 W. 95th Street**

 **Hickory Hills, IL 60457**

**Please fax your FOIA Request to (708) 430-6245 or email to** **hhclerk@hickoryhillsil.org**

This is a request for information under the Illinois Freedom of Information Act, 5 ILCS 140/1, et seq. I request that a copy of the following documents (or documents containing the following information) to be provided me:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Choose one:**

**[ ]** I would like copies of these records. There is no cost for the first 50 pages, but there is a fee of $0.15 per page thereafter.

 5 ILCS 140/6

 **[YES/NO]** I am willing to pay fees for this request up to a maximum of $\_\_\_\_\_\_\_. If the fees exceed this

 limit, please inform me first.

**[ ]** This request is being submitted for commercial purpose. I understand the City must produce this request within a reasonable period considering the size and complexity of the request up to 21 business days.

**Any attempt to procure a public record for a commercial purpose without disclosing that the use is for a commercial purpose constitutes a violation of the Act warranting a fine.**

Name of Requester:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Company:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Fax:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

 Received by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FOIA #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date Received:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Completion Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FOIA COMPLETION:**

Requester Contacted:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Copy Fees:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date & Time # of copies over 50 x $0.15 = Total Due

Sent by US Mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date & Time Date & Time

Faxed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Received in person:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date & Time Date & Time

**COMPLETED BY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Name, Department and Date