

VILLAGE OF MIDLOTHIAN
REQUEST TO INSPECT AND/OR COPY RECORDS

Date: _____

To: Freedom of Information Officer/ Allen Moskal and Maria Kolacki
c/o Clerk's Office
14801 S. Pulaski
Midlothian, IL 60445
(708) 389-0200 x5
foia@villageofmidlothian.org

I hereby request to inspect copy * the following records:

(Please describe requested records as specifically as possible, attaching additional page if necessary.)

There is no copying fee for the first 50 black and white standard-sized copies. The fee for additional copies is 15¢ per page. Actual cost will be charged for copies of documents not of standard size, and for the recording medium (e.g, compact disk, tape, DVD), when applicable. There is a \$1.00 fee for certification of copies.

Is this request for a commercial purpose? Yes No

Are you requesting a waiver or reduction of copying fees? Yes No

If yes, what is the purpose of this request? _____

Requester's (Printed) Name

Requester's Signature

Address: _____

Phone Number _____

Name of Business _____

<p>DO NOT WRITE IN THIS SPACE</p> <p>DATE REC'D BY VILLAGE OF MIDLOTHIAN</p> <p>BY _____</p> <p>RESPONSE DUE _____</p> <p>NOTIFIED BY PHONE <input type="checkbox"/> MAIL <input type="checkbox"/></p> <p>DATE ____ / ____ / ____</p>
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