

FREEDOM OF INFORMATION ACT REQUEST FORM

General/Administration Requests:

Village of Burr Ridge Attn: FOIA Officer 7660 S. County Line Road

(630) 654-8181 Fax: (630) 654-8269

Police Records Requests:

Burr Ridge Police Department Attn: FOIA Officer 7700 S. County Line Road (630) 323-8181 Fax: (630) 654-4441

Please type or print						
Name/Organization (if	applicable):					
Mailing Address:						
Telephone No: ()	Fax No: ()				
E-Mail Address:						
Description of Reques (Please describe below t necessary):	ted Records: he public records you are requesti	ng. In order to expedite th	e search please k	oe specific. Use bac	k of form if	
Please indicate if you	wish to inspect or would like a c	copy of this information:		Сору		
•	d method of response: Pick		·	□ US Mail		
(Personal Information from any record response is this information to be	FOIA (5 ILCS 140/7(1)(b) Exemply, I understand all third party Fonsive to this request (Please In the used for commercial purpose of the Freedom of Information Active	Private and Personal info itial) es?	ormation (as de	efined) will be red	dacted	
disclosing that it is for a	commercial purpose.					
charged the actual o	f a FOIA response are free, addition cost of copying. 5/11-416 of the Illinois Vehicle Co		•			
Signature of Requesto	r:		Date:			
•	nd to a request for public recor after receipt. In accordance w		• •	•	or	
	quest denial the requestor has the righ the Illinois Attorney General's Office a	t 500 S. Spring Street Springfi	eld, IL 62705 or em	ail: <u>publicaccess@at</u> g	g.state.us	
	***DO NOT FILL OUT BELO	W THIS LINE – FOR VILL	AGE USE ONLY*	***		
FOIA #	DATE RECEIVED:	RESPC	NSE DUE DATE	:		
RECEIVED BY:						
REQUEST TO INSPECT	OR COPY HAS BEEN APPROVED)/DENIED:				
	(Circle of	ne)	Signature	С	ate	
NOTATIONS AND EXEM	MPTIONS:					