

# CITY OF BLUE ISLAND

## CITY CLERK'S OFFICE

13051 Greenwood Avenue  
Blue Island, IL 60406  
708-597-8603 Fax 708-396-7062

## FREEDOM OF INFORMATION REQUEST

Name: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Address: \_\_\_\_\_ Date of Compliance: \_\_\_\_\_

Municipality: \_\_\_\_\_ Date of Denial: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Reason of Denial: \_\_\_\_\_

Information Requested: \_\_\_\_\_

Specific: \_\_\_\_\_ Communications: \_\_\_\_\_

Ordinances: \_\_\_\_\_ Minutes: \_\_\_\_\_ Plans: \_\_\_\_\_

Signature of Petitioner: \_\_\_\_\_

Signature of Authority: \_\_\_\_\_

Admin: \_\_\_\_\_ Building: \_\_\_\_\_

Fire: \_\_\_\_\_ Police: \_\_\_\_\_

Public Works: \_\_\_\_\_ Water: \_\_\_\_\_

Planning: \_\_\_\_\_ Other: \_\_\_\_\_