

# FREEDOM OF INFORMATION REQUEST

## VILLAGE OF HOFFMAN ESTATES

**Requester:**

\_\_\_\_\_

Date Request Received

Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

**Records sought:** (be as specific as possible) \_\_\_\_\_

**Reason for Request:** \_\_\_\_\_

\_\_\_\_\_  
Signature of Requester

**NOTE: The Department will respond to or deny a request for public records within seven working days after its receipt.**

**FOR OFFICE USE ONLY:**

Name/Title  
(Person Receiving Request): \_\_\_\_\_

Number of Copies Made: \_\_\_\_\_

Cost: \_\_\_\_\_

Time taken to fill request: \_\_\_\_\_

Estimated cost to Department: \_\_\_\_\_

Denied and Why? \_\_\_\_\_