



**Village of Norridge**  
**4000 N. Olcott Avenue - Norridge, IL 60706**  
**708-453-0800**

**Freedom of Information Act, 5 ILCS 140/1 et seq., REQUEST FORM**

Name \_\_\_\_\_

Business \_\_\_\_\_

Address \_\_\_\_\_

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

If you are willing to have records sent electronically when possible please provide an  
**E-Mail address:** \_\_\_\_\_

Records requested: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Check whether request to:**      Inspect      Receive a Copy      Receive Certified copy

Is this request for a commercial purpose (the information requested will be used, in any form, for sale, resale, or solicitation or advertisement for sales or services)?

Yes                                     No  

**OFFICE USE ONLY**

**Date received:** \_\_\_\_\_

**Response Due:**            Non-commercial 5 business days after receipt: \_\_\_\_\_  
                                         Commercial 21 business days after receipt: \_\_\_\_\_

**Employee/Department accepting request:** \_\_\_\_\_

Routed to:	Bldg	Eng	Fin	Water	Health	HR	Legal	Png	Police	Clerk	PW
Initials											
Date Rec.											
Records Provided Yes or No											
Date of Response											

Date of Village response: \_\_\_\_\_

Granted      Denied      Granted in Part/Denied in Part      No Records

Additional Time Requested: \_\_\_\_\_