

County of Kane



FREEDOM OF INFORMATION ACT REQUEST FORM

Date Requested: _____

Request Submitted Via: E-mail U.S. Mail Fax In Person

Requestor's Name: _____

Street Address: _____

City/State/County/Zip: _____

E-mail Address: _____

Phone No.: _____

Fax No.: _____

RECORDS REQUESTED: (Provide as much specific detail as possible so the County can identify the information you are seeking. You may attach additional pages, if necessary.)

Do you want copies of the documents? Yes No

Paper Copies Electronic Copies (specify format _____)

Is this request for a Commercial Purpose?

(It is a violation of the Freedom of Information Act for a person to knowingly obtain a public record for a commercial purpose without disclosing that it is for a commercial purpose, if requested to do so by the public body. 5 ILCS 140.3.1(c))

Are you requesting a fee waiver?

(If you are requesting that Kane County waive any fees for copying the document, you must attach a statement of the purpose of the request, and whether the principal purpose of the request is to access or disseminate information regarding the health, safety and welfare or legal rights of the general public. 5 ILCS 140/6(c))