



Nancy Schultz Voots

WILL COUNTY CLERK

FREEDOM OF INFORMATION ACT REQUEST FORM

This form is provided as a convenience for making Freedom of Information Act ("FOIA") requests. However, Illinois law does not require you to submit on a standard form. All FOIA request must be in writing, but may be submitted by personal delivery or U.S. Mail to the address below or by facsimile or e-mail to the number or e-mail address below.

Date of Request: ___/___/___ Submitted by: [] E-mail [] U.S. Mail [] Fax [] In Person

Requestor's Name: _____
Company Name or Organization (if applicable): _____
Street Address: _____
City: _____ State: _____ Zip: _____
Business Phone #: (____) _____
Daytime Phone #: (____) _____
Fax #: (____) _____ E-mail: _____

Submit Completed Request to:

Freedom of Information Officer
Will County Clerk's Office
302 N. Chicago Street
Joliet, IL 60432
Phone: (815) 740-4615
Fax: (815) 740-4699
E-mail: coclrk@willcountyllinois.com

Records requested: (Provide as much specific detail as possible to help identify the information that you are seeking. Additional pages may be attached if necessary.)

Check all the following that are applicable:

- [] I wish only to inspect these records at the office of the Will County Clerk. I understand inspection is available only Monday through Friday (except legal holidays) from 8:30 a.m. to 4:30 p.m.
[] I request copies of the foregoing records in the following format, if available, and agree to pay the charges as indicated (if format is not available, you will be contacted and asked to select another):
[] 8-1/2" x 11" or legal, black and white, on white paper = First 50 pages free; \$0.15 per page thereafter
[] Color copies (8 1/2 x 11 One-sided - \$0.14 per print) [] Color copies (8 1/2 x 11 Two-sided - \$0.25 per print)
[] Color copies (8 1/2 x 14 One-sided - \$0.15 per print) [] Color copies (8 1/2 x 14 Two-sided - \$0.26 per print)
[] Color copies (11 x 17 One-sided - \$0.16 per print) [] Color copies (11 x 17 Two-sided - \$0.27 per print)
[] CD ROM = \$0.25
[] Certification = \$1.00 per record
[] I request the copies be sent via U.S. Mail - Prepayment of postage required.
[] I request the copies be e-mailed to me (if documents are in a format which can be e-mailed).
[] THIS REQUEST IS FOR A COMMERCIAL PURPOSE (You must state whether your request is for a commercial purpose. A request is for a "commercial purpose" if all or any part of the information will be used in any form for sale, resale, or solicitation or advertisement for sales or services. Failure to disclose whether a request is for a commercial purpose is a prosecutable violation of FOIA.)
[] I am seeking a waiver or reduction of any copying fee due. (Note: A request for waiver or reduction of the copying fee can be considered only where the request is "in the public interest." To be in the public interest, the principal purpose of the request must be to access or disseminate information regarding the health, safety and welfare, or legal rights of the general public. If you are requesting a waiver or reduction of any copying fee, you must attach a statement that the request is in the public interest and state with sufficient specificity the purpose of the request. Waiver or reduction of copying fees is wholly within the discretion of the County Clerk.)

I understand any required payment must be received before any documents are copied and/or mailed.

Signature of Requestor

FOR FREEDOM OF INFORMATION OFFICER USE ONLY

REQUEST RECEIVED BY: _____ DATE REQUEST RECEIVED: ___/___/___
(Initials)

REQUEST IS HEREBY: [] Approved [] Denied

(Signature of FOIA Officer)

DATE RESPONSE DUE: ___/___/___ DATE EXTENDED RESPONSE DUE: ___/___/___
DATE DOCUMENTS COPIED OR INSPECTED: ___/___/___ DATE RESPONDED: ___/___/___

NUMBER OF COPIES: _____ COPYING FEE AMOUNT: \$ _____
POSTAGE AMOUNT (if applicable): \$ _____
TOTAL AMOUNT: \$ _____ [] Cash [] Check # _____