



FREEDOM OF INFORMATION ACT
REQUEST FORM
WILL COUNTY LAND USE DEPARTMENT

NAME: \_\_\_\_\_
Please print clearly

ADDRESS: \_\_\_\_\_
ZIP CODE: \_\_\_\_\_

TELEPHONE NUMBER: ( ) \_\_\_\_\_

FAX NUMBER: ( ) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

WILL THESE DOCUMENTS BE USED FOR COMMERCIAL PURPOSES? \_\_\_\_\_

PLEASE INDICATE WHICH RECORDS YOU WISH TO INSPECT OR RECEIVE:
\_\_\_\_\_
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SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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FOR OFFICE USE ONLY: Prepared by: \_\_\_\_\_

Date Response Due:\* \_\_\_\_\_ Date Response Given: \_\_\_\_\_

Response (If Denied, State Reason): \_\_\_\_\_

Records available: Yes \_\_\_\_\_ No \_\_\_\_\_ Shown By: \_\_\_\_\_

Copies Made: Yes \_\_\_\_\_ No \_\_\_\_\_ How Many: \_\_\_\_\_ Fee: \$ \_\_\_\_\_

Comments:

\*Response is due within five (5) working days (or 21 if a commercial request) from date received. 11/20/20
If you have any questions, please call 815-774-3321 or fax 815-774-8638 or email
FOIA@willcountylanduse.com