

## FOIA REQUEST FORM

TO: Village of Mazon  
520 Depot Street  
P.O. Box 33  
Mazon, IL. 60444

1. Under the Freedom of Information Act of the State of Illinois, 5 ILCS 140, I hereby request access to / a copy of (select one) the following record(s):

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(Describe as accurately and specifically as possible the record(s) you want and provide all the relevant information you have concerning them. Enclose a copy of any document similar to that requested if you have such a document in possession.)

2. The record(s) I am requesting is / are maintained by the following department, board, or agency of the Village of Mazon (if known):

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3. I hereby agree that the Village of Mazon has a minimum of seven (7) working days to respond to a written request for records pursuant to 5 ILCS 140/3 (c).

Name of person / Organization:

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

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

Date of Request: \_\_\_\_\_

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For Office use only:

Received by: \_\_\_\_\_

Date request received: \_\_\_\_\_