

VILLAGE OF MOKENA  
FREEDOM OF INFORMATION REQUEST

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

Address: \_\_\_\_\_ Daytime Phone No.: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Under the Freedom of Information Act Chapter 5, Act 140/1 et seq. of the State of Illinois Compiled Statutes, I hereby request access to the following record(s). Describe in detail below the public records you are requesting and state whether you wish to inspect and/or have such records re-produced.

---

---

---

---

---

Please circle one:      Inspection                  Reproduction

Is this request being made in order to use public records for sale, resale, or solicitation or advertisement of sales or services (check one)? Yes\_\_\_\_ No\_\_\_\_

\_\_\_\_\_  
Signature of Petitioner

.....  
**FOR OFFICE USE ONLY:**

Received By: \_\_\_\_\_ Date: \_\_\_\_\_

Information Supplied By: \_\_\_\_\_

Date of Compliance: \_\_\_\_\_