

VILLAGE OF MOKENA
FREEDOM OF INFORMATION REQUEST

Name: _____ Date of Request: _____

Address: _____ Daytime Phone No.: _____

City, State, Zip: _____

E-Mail Address: _____

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

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FOR OFFICE USE ONLY:

Received By: _____ Date: _____

Information Supplied By: _____

Date of Compliance: _____