Date:\_\_\_\_\_

Christina McCann Fremont Township Clerk 847-223-2847 or Clerk@fremonttownship.com 22385 W. IL Rt. 60 Mundelein, IL 60060

## **OFFICIAL WRITTEN REQUEST FOR INFORMATION**

I hereby request a copy of the following public records from Fremont Township: (Please be specific so we can locate the correct records for you)

• Please indicate if you would like to inspect \_\_\_\_\_ or copy \_\_\_\_\_ records.

- An appointment is necessary to inspect public records. There is a charge of \$.15/copy after first 50 copies.
- Your request will be responded to within five (5) working days after receipt of this request. If additional time is needed, you will be notified. If your request is denied, you may file an appeal as allowed in the Illinois Compiled Statutes Section 3 (5ILCS 140/3).

COMPANY:							
NAME:							
ADDRESS:							
PHONE/FAX:	)		(	)			
E-MAIL							
SIGNATURE	OF REQUESTOR						
FOR OFFICE U	SE ONLY:	****	*******	*****	*******	*****	****
Date Request Received			Date Responded				
Request Fulfilled			Request Denied:	Full Partial _			
Copies of the at	pove records were cop	bied or inspected	and delive	red to said individua	l on		
	, 201 at						

Fremont	Township	FOIA	Officer
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