



Clerk's Office  
Lucy A. Prouty

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**REQUEST FOR RECORDS IN ACCORDANCE  
WITH THE FREEDOM OF INFORMATION ACT**

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

I am requesting to - Copy  Inspect  Certified  the following records:

Information Requested: \_\_\_\_\_

Will this information be used for a commercial purpose? Yes  No

Electronic Copy  Paper Copy

If paper copies are requested, the charge will be \_\_\_\_\_ cents per copy (each side)

A response to your request will be made within five business days after receipt of this request (not including the day it is received).

Requested by (Name/Company): \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**FOR OFFICE USE ONLY**

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

By: \_\_\_\_\_ Signature: \_\_\_\_\_

Number of Paper Copies: \_\_\_\_\_ Copying Fees: \_\_\_\_\_ Total Cost: \_\_\_\_\_

Form of Payment: Cash  Check  Check # \_\_\_\_\_ Paid in Full

Request Taken by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Additional Time Requested by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Denial Sent by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Authorized by: \_\_\_\_\_