FREEDOM OF INFORMATION REQUEST FORM

Date: _____

Name of Applicant	Address	Telephone
	Street:	Home:
	City:	Work:
	State: Zip:	Cell:
	Email:	

CHECK FORM OF INFORMATION

Form of Information:	**Inspection only ❒**	**Certified Copy ❒**	**Copy ❒**

Records Requested (Please be as specific as possible):

Purpose of the Request:

For Office Use Only:

RECEIVED BY	Date Received	Date of Response	Action Taken	Request Denied
Name:				
Dept:				

Remarks:	
	For Village of Wilmette
	Approval of Corporate Counsel, if required

Number of Pages	Number of Copies	Date Payment Received	Amount of Payment