

FREEDOM OF INFORMATION REQUEST FORM
THE VILLAGE OF NORWOOD

Name of Requestor: _____ Printed Name
Address: _____
City/State/County & Zip: _____
Request Submitted By: ___ E-mail ___ U.S. Mail ___ Fax ___ In Person
Phone (optional): _____ E-Mail (optional) _____ Fax (optional) _____

RECORDS SOUGHT: Mark records requested below. Please be specific.

- Printed Records: _____

- Other: _____

Do you want copies of the documents? YES NO (Note: Fee for each copied page is 25¢/ page or \$2.00/CD)

Requestor's Signature _____

Return completed FOIA Request Form to: Village of Norwood, 1515 N. Norwood Blvd., Peoria, Illinois 61604; or e-mail to: 1norwood@comcast.net

If your request is denied, you may file an appeal to: Sara Pratt, Public Assess Counselor, Office of the Attorney General, 500 S. 2nd Street, Springfield, Il. 62706 or e-mail: publicaccess@atg.state.il.us or call 1-877-299-3642

(FOR DEPARTMENT USE ONLY)

RESPONSE:

Records made available: Date _____

Request denied, and reason: _____

Copies made: Yes No

Number _____

Fee Paid \$ _____

Other (attach correspondence):

Date Stamp Receipt