City of Oak Forest
15440 Central Avenue • Oak Forest, Illinois 60452 • 708-687-4050 • 708-535-0014

FOIA Request for Inspection or Copying of Records

Date of Request: _____

Name: _____

Address: _____

Home Phone: _____ Business Phone: _____ FAX: _____

E-Mail: _____

Describe below the public records that you are requesting. Please be as specific as possible.

This is a request. This is a request.

Check All that Apply: ☐ Copies ☐ Inspect Only ☐ Both ☐ Electronic Document

☐ Certification Requested Commercial Purpose? ☐ Yes ☐ No

The City will respond to this request within five business days. Request Due Date: _____

There is no charge for the first 50 black & white pages, .15¢ per copy thereafter.

I, _____ agree to the applicable charges.

(Signature of person making the request.)

Records received by: _____ Date: _____

For Office Use Only

Route/copy to the following department:

☐ Police ☐ Public Works

☐ Fire ☐ City Clerk

☐ Building ☐ Other _____