VILLAGE OF
BUFFALO GROVE

Fifty Raupp Blvd.
Buffalo Grove, IL 60089-2100
Phone 847-459-2518
Fax 847-459-7906

Village of Buffalo Grove
Freedom of Information Request

Requestor's name: _____

Address: _____

Phone: _____

Description of requested records (be specific as possible): _____

_____

_____

_____

_____

_____

Reason for request (optional): _____

_____

Please indicate if you wish to inspect the above captioned records or desire a copy of them:
_____Inspection _____Copy _____Both

Do you wish to have copies certified? _____Yes or No

_____
Signature of Requestor

Note: Photocopying fee is $.15/page and is due, unless waived, at time of document pick-up
Special charges may apply for non-standard sized reproductions

(FOR OFFICE USE ONLY)

Date received: _____
Time received: _____
Date response due: _____
Name & Department of person receiving request: _____

Sent to:	Building & Zoning	Planning
	Fire Department	Finance
	Health Department	Police
	Public Works	OVM/IT

Village Manager: _____ Date: _____
How complied with:_____

_____

_____

_____

Fax by department_____ Letter by Clerk's office _____
Number of copies made: _____ Amount received: $_____
Department Head: _____ Date: _____

RETURN ORIGINAL REQUEST TO VILLAGE CLERK'S OFFICE

Revised 07/09