



OFFICE OF THE CITY CLERK
CITY OF CHICAGO
ANNA VALENCIA

CITY OF CHICAGO OFFICE OF THE CITY CLERK
Freedom of Information Request

Requester's Name: _____

Organization (if any): _____

Address _____ City _____ State _____ Zip Code _____

Telephone Number: _____ E-mail Address _____

Is this a commercial request? ____ Yes ____ No

Would you prefer your information be sent electronically (via e-mail)? ____ Yes ____ No

Records Sought (be specific):

SIGNATURE OF REQUESTER

Date

The agency will respond to a request for public records within five working days after receipt. If your request is denied, you have a right of review by the Illinois Attorney General's Public Access Counselor, who can be contacted at 500 S. Second Street, Springfield, IL 62706 or by telephone at (217)558-0486. You may also seek judicial review of a denial under 5 ILCS 140/11 of FOIA.

For Agency Use Only:

Name and title of person receiving request: _____

Date request received: _____

Records available: ____ Yes ____ No Request denied: ____ Yes ____ No

Copies made: ____ Yes ____ No How Many? _____ Fee: _____

Signature: _____ Date: _____

Submit this form to:
Office of the City Clerk
Attn: FOIA
121 N. LaSalle St., Rm. 107
Chicago, IL 60602
Fax: 312-744-0283
E-mail: ClerkFOIA@cityofchicago.org