



OFFICE OF THE CITY CLERK
ANNA M. VALENCIA
CITY OF CHICAGO

City of Chicago Office of the City Clerk
Freedom of Information Request Form

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.

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

INTERNAL USE ONLY

Name of employee receiving request: _____ Date request received: _____

Records Found: Yes No Copies made: Yes How Many? _____ Fee: _____

Request Denied: Yes No