

CITY OF CALUMET CITY
Freedom of Information Act Request Form

File in City Clerk's Office: 204 Pulaski Rd., Calumet City, IL 60409

Date of Request _____

Request Submitted By: ___ E-mail ___ U.S. Mail ___ Fax ___ In Person

Name of Requester _____

Street Address _____

City/State/County Zip (required) _____

Telephone (optional) _____ E-Mail (Optional) _____

Fax (Optional) _____

Records Requested: *Provide as much specific detail as possible so the city can identify the information that you are seeking. You may attach additional pages, if necessary.*

Is this request for a Commercial Purpose? Yes _____ or No _____

It is a violation of the Freedom of Information Act for a person to knowingly obtain a public record for a commercial purpose without disclosing that it is for a commercial purpose, if requested to do so by the public body 5ILCS140.3.1(c).

Are you requesting a fee Waiver? Yes _____ No _____

If you are requesting a fee waiver, you must attach a statement of the purpose of the request, and whether the principle purpose of the request is to access or disseminate information regarding the health, safety, and welfare or legal rights of the general public 5ILCS 140/6 (c).

PLEASE FILE YOUR REQUEST WITH THE OFFICE OF THE CITY CLERK

204 Pulaski Rd

Calumet City, IL 60409

(708) 891-8985

Fax: (708) 891-8843

CALUMET CITY FREEDOM OF INFORMATION OFFICER: RUSSELL F. LARSON