CITY OF CALUMET CITY
Freedom of Information Act Request Form

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.

_________________________________________________________________
_________________________________________________________________
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_________________________________________________________________

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 VIA EMAIL, FAX OR IN PERSON

Email: foi@calumetcity.org
Fax: (708) 891-0472
204 Pulaski Rd
Calumet City, IL 60409