

**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](mailto:foi@calumetcity.org)

Fax: (708) 891-0472

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Calumet City, IL 60409