

**FREEDOM OF INFORMATION ACT REQUEST FOR PUBLIC RECORDS**

(Suggested form; other written requests are acceptable)

Forms may be faxed, mailed, hand-delivered or e-mailed to the City of Wheaton.

**TO: Freedom of Information Act Officer, City of Wheaton, Illinois: Please direct your request one of the following [FOIA Officers](#)**

**DESCRIPTION OF RECORDS REQUESTED:**

**I request the following public records of the City of Wheaton (please be as specific and as detailed as possible):**

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**For Building Department Records specify:**

Address: \_\_\_\_\_

Remodel or Addition Date: \_\_\_\_\_ Date Range for Permits/Inspections: \_\_\_\_\_

Are You the Property Owner:  Yes  No

**For Police Department Records specify:**

Date of Incident Report: \_\_\_\_\_ Incident Number: \_\_\_\_\_

Location of Incident: \_\_\_\_\_

Detailed Description of Incident: \_\_\_\_\_

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**PURPOSE OF REQUEST:**

**Yes**      **No**

- 1. The records requested above, or the information derived therein, will be used for a commercial purpose, that is they will be used for sale, resale, solicitation or advertisement for sales or services. \_\_\_    \_\_\_
- 2. I am, or represent, news media or a non-profit, scientific or academic organization. \_\_\_    \_\_\_
- 3. The principal purpose of this Request is to access and disseminate information concerning news and current or passing events. \_\_\_    \_\_\_
- 4. The principal purpose of this Request is for articles of opinion or features of interest to the public. \_\_\_    \_\_\_
- 5. The principal purpose of this Request is academic, scientific, or public research or education. \_\_\_    \_\_\_
- 6. The principal purpose of this Request is for the dissemination of information regarding the public health, safety, and welfare or the legal rights of the general public and is not for personal or commercial benefit. \_\_\_    \_\_\_

**NOTICE:** It is violation of the Freedom of Information Act (5 ILCS 140/3.1(c)) 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. Each violation of this requirement shall be subject to those penalties allowed by law.

**Please indicate the format in which you would like the City to respond to your request, if applicable:**

Inspection Only     Provide Hard Copy for Pick-Up     E-Mail to: \_\_\_\_\_

Fax to: \_\_\_\_\_     Other Format: \_\_\_\_\_

Do you wish to have copies certified:       Yes     No

Do you request a reduction or waiver of fees:  Yes     No  
(only allowed if checked "Yes" to Purpose #5)

**Please be advised that the City is entitled to charge certain fees for the provision of public records which must be paid prior to receipt of records. Please Refer to the City's FOIA Fee Schedule at: [https://library.municode.com/il/wheaton/codes/code\\_of\\_ordinances?nodeId=APXBFESC](https://library.municode.com/il/wheaton/codes/code_of_ordinances?nodeId=APXBFESC)**

**REQUESTER: (please include all information) – PLEASE PRINT**

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone (Day Time): \_\_\_\_\_ Fax #: \_\_\_\_\_

**By signing this request, I acknowledge and represent that all of the information provided in support of this request is true and accurate. I also understand that all fees charged for the copying/duplication of the record(s) requested must be paid in full before I will receive the record(s). I understand that I will be notified if I am required to pay any fee(s) for record(s) before the City will copy or duplicate the record(s).**

\_\_\_\_\_  
Signature of Requester      Date: \_\_\_\_\_

**For Office Use Only:**

Date Received: \_\_\_\_\_ Time Received: \_\_\_\_\_

Date Response Due: \_\_\_\_\_

Date Response Provided: \_\_\_\_\_ Inspected:  Mailed:  E-Mailed:  Faxed:  Picked Up:

Name of FOIA Officer Responding: \_\_\_\_\_

Associated Fees:      Paid:  Yes     No     Waived