TO:  Freedom of Information Act Officer, City of Wheaton, Illinois: Please direct your request one of the following FOIA Officers (https://www.wheaton.il.us/524/City-of-Wheaton-FOIA-Officers) or
Mail to: Wheaton City Hall, 303 W Wesley Street, Wheaton, IL 60187
Fax: 630-260-2017

DESCRIPTION OF RECORDS REQUESTED:
I request the following public records of the City of Wheaton (please be as specific and as detailed as possible):

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: ________________________________________________________________________________
___________________________________________________________________________________________________________
___________________________________________________________________________________________________________
PURPOSE OF REQUEST:
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

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:

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

REQUESTER: (please include all information) – PLEASE PRINT
Name: __________________________________________ E-mail: __________________________________________________________________________
Company Name: __________________________________________________________________________
Address: _________________________________________________________________________________
City: __________________________________________ State: __________________________ Zip Code: ________
Phone (Day Time): __________________________ Fax #: _________________________________________

For Office Use Only:
Date Received: __________________________ Time Received: __________________________
Date Response Due: _________________________________________________________________
Date Response Provided: _________________ Inspected: ☐ Mailed: ☐ E-Mailed: ☐ Fax: ☐ Picked Up: ☐
Name of FOIA Officer Responding: __________________________________________________________________________
Associated Fees:  Paid: ☐ Yes  ☐ No  ☐ Waived