





## 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 (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

For Building Department Records specify:		
Address:		
Remodel or Addition Date:	Date Range for Permits/Inspections:	
Are You the Property Owner: Yes No		
or Police Department Records specify:		
Date of Incident Report:	Incident Number:	
ocation of Incident:		
Detailed Description of Incident:		

PURPOSE OF REQUEST:	<u>Yes</u> <u>No</u>
The records requested above, or the information derived therein, purpose, that is they will be used for sale, resale, solicitation or ac	
2. I am, or represent, news media or a non-profit, scientific or acade	mic organization
<ol> <li>The principal purpose of this Request is to access and disseminate current or passing events.</li> </ol>	e information concerning news and
. The principal purpose of this Request is for articles of opinion or f	eatures of interest to the public.
. The principal purpose of this Request is academic, scientific, or pu	ıblic research or education.
. The principal purpose of this Request is for the dissemination of ir safety, and welfare or the legal rights of the general public and is	
NOTICE: It is violation of the Freedom of Information Act (5 ILCS 140, commercial purpose without disclosing that it is for a commercial purpose without disclosing that it is for a commercial purpose without disclosing that it is for a commercial purpose in the commercial purpo	rpose, if requested to do so by the public body. Each violation prespond to your request, if applicable:
Fax to:	Other Format:
Oo you wish to have copies certified:  Yes No  Yo you request a reduction or waiver of fees:  Yes No	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:
only allowed if checked "Yes" to Purpose #5)  REQUESTER: (please include all information) – PLEASE PRINT	https://library.municode.com/il/wheaton/codes/code_of_ordinances?nodeId=APXBFESC
ame:	E-mail:
ompany Name:	
ddress:	
ity:State:	Zip Code:
hone (Day Time):	Fax #:
sy signing this request, I acknowledge and represent that all rue and accurate. I also understand that all fees charged for be paid in full before I will receive the record(s). I understand or record(s) before the City will copy or duplicate the record	the copying/duplication of the record(s) requested must d that I will be notified if I am required to pay any fee(s)
ignature of Requester	
For Office Use Only:	
Date Received:	Time Received:
Date Response Due:	
Date Response Provided: Inspected:   Mai	
Name of FOIA Officer Responding:	
Associated Fees: Paid: ☐ Yes	□ No □ Waived