ALL public record requests should be directed to the Village Administrator at the address, fax, or email below by completing Sections 1 - 3 of this Request Form. All public record requests will be fulfilled within five working days of the receipt of this Request Form, unless the five day period is extended as provided by law or the request is denied. All extensions and denials will be in writing and will state the reasons therefore. In the event of a denial, you have the right to seek review by the Public Access Counselor at (217) 558-0486 or 500 Second Street, Springfield, IL 62705 or you have the right to judicial review under section 11 of FOIA.

The requestor will be notified by the Village when the request is ready for inspection or pick up at the Village Office. If the requestor prefers not to pick up the requested copies, the Village will send electronic copies to the email or fax provided upon receipt of payment. The Village will not mail copies of public records except upon advance payment of the actual cost of postage.

<table>
<thead>
<tr>
<th>This section to be completed by Village Office Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>REQUEST #: __________________________________</td>
</tr>
<tr>
<td>Received By: __________________________________</td>
</tr>
<tr>
<td>Time &amp; Date Received: ____________________________</td>
</tr>
<tr>
<td>Response Due Date: ______________________________ (five working days from the day of receipt)</td>
</tr>
</tbody>
</table>

Section 1: Describe in detail the public records you wish to inspect or to have copied. Use a separate sheet if necessary. Indicate whether you wish only to inspect the public records at the Village Office or to have the public records copied by checking the appropriate space. I hereby request to inspect or have copied the following public records:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Is the reason for this request a “commercial purpose” as defined in the Freedom of Information Act? _____ yes   _____ no (you must check yes or no or your request is not complete)

Section 2: Requestor’s Identification/Contact Information:

Name (printed): _____________________________________________

Address: _____________________________________________

Phone#: ___________________ Fax / Email: _____________________

Section 3: By signing this request, you agree to pay to the Village of Kildeer, in advance of receiving copies of any public records, the following copying fees:$1.15 each for paper, non color 8½ x 11 or 8½ x 14 pages in excess of 50 pages. Additionally, if color copies, non standard sized pages, non paper media must be purchased to satisfy the request, or the services of an outside vendor are required to copy any public record, you agree to pay the Village the actual charge the Village incurs in connection with such copying services. Further, by signing this request you certify under penalty of perjury that information provided by you in support of this request is true and accurate.

Signature: _____________________________________________

This section to be completed by the Village FOIA Officer or Designate

Disposition of the request:

Denied (date): ______________  Reason(s): ______________________________

___________________________________________________________

Delayed (date): ______________  Reason(s): ______________________________

___________________________________________________________

Fulfilled (date): ___________  Amount Due: ___________

Applicant Notified via: phone / email / US mail / fax (circle one)
This section to be completed by the Village FOIA Officer or Designate

Method of delivery or inspection appointment details:

Delivery (date): __________________

Delivery (method): fax / email pdf / US mail / pick-up (circle one)

Inspection Appointment (date & time): ____________________________

Picked-Up by Requestor (date): ______________

Payment Received (amount): ________ Payment Method: Cash / Check (# _____)

Requestor’s Signature: _________________________________________

Note: The use of this form is not mandatory under FOIA but it is preferred. Failure to use it may result in the request not being properly or promptly processed.

Contact Information:

Village of Kildeer
21911 Quentin Road
Kildeer, IL 60047

Phone: 847-438-6000

Fax: 847-438-1531

website: www.villageofkildeer.com

Freedom of Information Act Officer:
Michael S. Talbett
mtalbett@villageofkildeer.com