

VILLAGE OF FREEBURG, ILLINOIS  
14 Southgate Center  
Freeburg, IL 62243  
618/539-5545  
618-539-5590 (fax)

Freedom of Information Act Request  
Date of Request: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: Home: \_\_\_\_\_ Office: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ FAX: \_\_\_\_\_

Please indicate if you wish to review materials or require copies.

- Copy
- Inspect
- Both

In order to expedite the search for records, please use the attached sheet to specify what records you are requesting. The Village of Freeburg will respond to this request within seven (7) working days. (If request requires an extension, seven additional working days will be requested, and will be sent to you in writing).

Signature of person making request: \_\_\_\_\_

**OFFICE USE  
ONLY**

**APPROVED**

**DENIED**

\_\_\_\_\_  
Signature of Individual Processing FOIA Form

\_\_\_\_\_  
Please Print Name and Title

\_\_\_\_\_  
Department Name and Phone Number

