Freedom of Information Officer
City of Rolling Meadows
3600 Kirchoff Road
Rolling Meadows, IL 60008
FAX # (847) 483-0364 or clerk@cityrm.org

FREEDOM OF INFORMATION
REQUEST FOR PRODUCTION OF RECORDS

DEPARTMENT(S):_____

RECORDS REQUESTED: (Provide as much specific detail as possible, attach additional pages, if necessary):
Note: As of 2/2019, a Fee of $5.00 will be charged for each Police Traffic Crash Reports requested (*625 ILCS 5/11-416*).

_____

_____

_____

Check which of the following apply:

____ **I will inspect these records at the City's office.**

____ **I request copies of the above mentioned records and agree to pay 15¢ per page (per side) for copies in excess of 50 pages.**

____ **I warrant and represent that the records requested <u>are</u> to be used for commercial purposes. Please be advised that additional time might be needed to produce these records, but you will be contacted as to the status within 21 business days.**

____ **I request documents be emailed or faxed, if possible - Email address:_____**

Fax #: _____

____ **I will pick up the records.**

____ **I request copies be mailed to the below listed address.**

____ **Please certify the above mentioned documents. I agree to pay $1.00 for each document certified, which is in <u>addition</u> to the cost per page.**

I understand all payments must be in cash or by cashiers or certified check payable to the City of Rolling Meadows.

Print Name:_____ Signature:_____

Address:_____ Phone: _____Office/Cell/Home

_____ Representing:_____

FOR OFFICE USE ONLY

DATE & TIME RECEIVED:_____ Date & Time Called:_____

DEADLINE TO PRODUCE RECORDS_____ Date & Time Mailed/Emailed/Picked Up:_____

By:_____ Request No._____ Date & Time Faxed:_____

Amount Paid:_____ Date Paid:_____ Date & Time Reviewed: _____

Signature of Reviewer: _____

Signature of Person Picking Up:_____

Please Return Completed Request to FOI Officer's Office by Deadline Date