

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: _____

I hereby request production of the following records: (Describe in detail, using reverse side if necessary, or attach separate sheet): _____

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 are 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 addition 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 Form to FOI Officer's Office by Deadline Date