

# ELA TOWNSHIP

"Government Closest to the People"

## Clerk's Office

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### REQUEST FOR RECORDS IN ACCORDANCE WITH THE FREEDOM OF INFORMATION ACT

I am requesting to: Copy  Inspect  Certified  the following public records:

Requested By: Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Information Requested (Please be specific): \_\_\_\_\_

Will this material be used for commercial purposes? Yes \_\_\_\_\_ No \_\_\_\_\_

The charge will be \_\_\_ cents per copy (each side). Certification of documents is an additional \$ \_\_\_ n/a \_\_\_\_\_

A response to your request will be made within five (5) working days of the receipt of this request. Please return with a copy of this request on \_\_\_\_\_.

Information Received: Date: \_\_\_\_\_

By: \_\_\_\_\_ Signature \_\_\_\_\_  
Print Name

Number of Photocopies: \_\_\_\_\_ Total Cost: \_\_\_\_\_

Photocopying Fees: \_\_\_\_\_ Paid in Full: \_\_\_\_\_

Certified Fees: \_\_\_\_\_ (n/a) Form of Payment: \_\_\_\_\_

#### For Office Use Only

Request Taken \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Information given by \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Additional time requested by \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Denial Sent by \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Give to/ Sent to \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Authorized by: \_\_\_\_\_

[Name of] \_\_\_\_\_