



# VILLAGE OF BENSENVILLE FREEDOM OF INFORMATION ACT REQUEST FORM

BENSENVILLE  
VILLAGE CLERK'S OFFICE

**TO:** COREY WILLIAMSEN

*Freedom of Information Officer*

*Village of Bensenville*

*12 S. Center Street*

*Bensenville, IL 60106*

**FROM:**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

E-Mail \_\_\_\_\_

**TITLES OR DESCRIPTION OF RECORDS REQUESTED (Please Include Date of Birth and Case Number for Police Records):**

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\_\_\_\_\_ THIS REQUEST IS FOR A COMMERCIAL PURPOSE (You must state whether your request is for a commercial purpose. A request is for a "commercial purpose" if all or any part of the information will be used in any form for sale, resale, or solicitation or advertisement for sales or services. Failure to disclose whether a request is for a commercial purpose is a prosecutable violation of FOIA.)

Would like your request delivered via:  E-Mail  U.S. Mail  Pick-Up\*

\*Pick-Up is available by appointment at Village Hall Monday thru Friday; between 8:00 a.m. – 5:00 p.m.

I understand that any payment need be received before any documents are copied and/or mailed.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature

All FOIA responses are posted on the Village's website. Name and address of the requestor will be made public.

The first fifty (50) pages of the request are free. The fee charge is fifteen (15) cents after the first fifty (50) pages.

Unless otherwise notified, your request for public records will be compiled within five (5) working days.

Unless otherwise notified, any request for commercial purposes will be compiled within twenty-one (21) days working days.

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**COREY WILLIAMSEN, FREEDOM OF INFORMATION OFFICER**

Telephone: (630) 350-3404 Facsimile: (630) 350-3438

E-mail Address: FOIArequest@bensenville.il.us

**\*\*\*For Freedom of Information Officer Use Only\*\*\***

\_\_\_\_\_  
Date Request  
Received

\_\_\_\_\_  
Date Response  
Due

\_\_\_\_\_  
Date Extended  
Response Due

\_\_\_\_\_  
Total Charges

\_\_\_\_\_  
Date Documents  
Copied or Inspected

Received by Employee: \_\_\_\_\_

