

**CUBA TOWNSHIP
FREEDOM OF INFORMATION ACT
REQUEST FORM**

Requestor's Name: _____ Date Requested: _____

Request Submitted By: _____ E-mail _____ US Mail _____ Fax _____ In Person _____ Via Phone _____

Preferred method of response: _____ E-mail _____ Fax _____ Other (specify) _____

Requestor is representing: _____

Requestor's Address: _____

Requestor's Phone #: _____ Requestor's Cell Phone #: _____

Requestor's Fax #: _____ Requestor's Email: _____

Records Requested: Provide specific detail of the information requested so the public body can identify the information you are seeking. For property information, provide complete address and PIN number.

Do you want copies of the documents? ___ Yes ___ No Electronic copies ___ Paper copies ___

Is this request for a Commercial Purpose? ___ Yes ___ No

It is a violation of the Freedom of Information Act for a person to knowingly obtain a public record for a commercial purpose without disclosing that it is for a commercial purpose, if requested to do so by the public body. 5 ILCS 140.3.1 (c)

Cuba Township shall comply with or deny a request within five working days. Response time can be extended an additional five working days, as allowed under the law.

Signature of Requestor

Complete the form and mail, fax, email or hand deliver directly to FOIA Officer at Cuba Township:

Cuba Township
FOIA Officer
28000 Cuba Road
Barrington, IL 60010

Illinois law does not require you to submit on a standard form.

The first 50 pages of the FOIA response are free and .15 per page thereafter.

FOR OFFICE USE ONLY

Request received by _____

Date/Time _____

Staff respondent _____

Date/Time _____

Additional Time Requested by _____

Date/Time _____

Information provided by _____ Email _____ Mail _____ Fax _____ In-Person _____ Via Phone