



**Wauconda Township**  
505 W. Bonner Rd  
Wauconda, IL 60084  
847-526-2631

### Freedom of Information Request Form

Today's Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

How would you like to receive the information?

\_\_\_\_\_ Pickup      \_\_\_\_\_ Fax      \_\_\_\_\_ Email

The first 50 black and white copies are free. There is a \$0.15 charge per copy for anything over 50 copies.

**Description of Records Requested**

Identify the records as clearly and specifically as possible. Please provide sufficient information which would be helpful in identifying and locating the requested records, such as document title, etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_

\*\*\*\*\* OFFICE USE ONLY \*\*\*\*\*

FOIA Officer \_\_\_\_\_

Date Request Fulfilled \_\_\_\_\_