



**CITY OF EVANSTON
REQUEST FOR PUBLIC RECORDS UNDER THE
FREEDOM OF INFORMATION ACT**

Requestor's Information:

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: HOME: _____ OFFICE: _____

EMAIL ADDRESS: _____

DATE REQUEST RECEIVED: _____

**Please describe below the public records you are requesting. To expedite the search for records, please be specific.
(Copies of construction documents are prohibited without the written consent of the architect.)**

Please indicate if you wish to review material or require copies. Photocopies are 25¢ per page. Certification is \$3 per document. Copy Inspect

The City of Evanston will respond to this request within seven (7) business days. (If responding to the request requires an extension of time, seven (7) additional business days will be requested and notice will be sent to you in writing.)

(Signature of person making the request.)

**Mail or fax to: Mary P. Morris, City Clerk, Civic Center, 2100 Ridge Avenue, Evanston, Illinois 60201 / facsimile: (847) 448-8131
Email submissions will not be accepted.**

(FOR OFFICE USE ONLY)

The FOIA Act requires a response within seven business days. If a response requires an extension, please advise.

RESPONSE TO THIS REQUEST MUST BE MADE BY: _____ (Date)

Response from the following is requested:

- | | |
|--|--|
| <input type="checkbox"/> CMO _____ | <input type="checkbox"/> Legal _____ |
| <input type="checkbox"/> CC _____ | <input type="checkbox"/> Library _____ |
| <input type="checkbox"/> CD _____ | <input type="checkbox"/> M&B _____ |
| <input type="checkbox"/> FM _____ | <input type="checkbox"/> HRes _____ |
| <input type="checkbox"/> Fire _____ | <input type="checkbox"/> P/F&R _____ |
| <input type="checkbox"/> Police _____ | <input type="checkbox"/> PW _____ |
| <input type="checkbox"/> Finance _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> HRel _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> HHS _____ | <input type="checkbox"/> _____ |