

The Village of Winthrop Harbor
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FORM A

**REQUEST FOR COPIES OF PUBLIC RECORDS UNDER THE
ILLINOIS FREEDOM OF INFORMATION ACT**

NAME: _____

ADDRESS: _____

PHONE #: _____

PERSON OR ENTITY REPRESENTED: _____

PUBLIC RECORD REQUESTED: (be specific): _____

Signature _____

Date _____

Address where copy should be mailed: _____

The fee charge of \$.20 per page, plus postage, will be charged. You will be notified by mail how much you will need to pay in order to obtain the requested copy (s).

Unless otherwise notified, you request for public records will be compiled within seven (7) working days after its receipt.