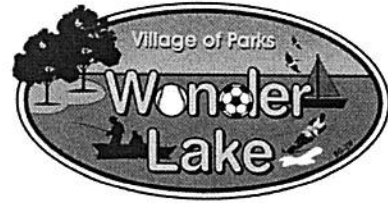


VILLAGE OF WONDER LAKE
4444 THOMPSON ROAD
WONDER LAKE, IL 60097
NON EMERGENCY PHONE NO. (815) 728-0839
FAX NO (815) 728-1226



FREEDOM OF INFORMATION REQUEST

DATE: _____

REQUESTER'S NAME: _____

ADDRESS: _____

PHONE: _____ FAX: _____

EMAIL: _____

DESCRIPTION OF REQUESTED RECORDS (BE SPECIFIC AS POSSIBLE):

PLEASE INDICATE IF YOU WISH TO INSPECT THE ABOVE CAPTIONED RECORDS OR
DESIRE A COPY OF THEM:

____ INSPECTION ____ COPY ____ BOTH

IS THIS REQUEST FOR COMMERCIAL PURPOSES? ____ YES ____ NO

SIGNATURE OF REQUESTER

FOR OFFICE USE ONLY

DATE RECEIVED: _____ # OF PAGES: _____

DATE RESPONSE DUE: _____ FEE: _____

REQUEST DENIED: _____ WHY: _____

DATE LETTER SENT: _____

SENT VIA: ____ EMAIL ____ FAX ____ MAIL

FOIA OFFICER/DESIGNEE: _____

PLEASE ACKNOWLEDGE RECEIPT BY SIGNING BELOW AND RETURN VIA FAX (815) 728-1226

SIGNATURE

DATE