



Shields Township

FREEDOM OF INFORMATION ACT REQUEST FORM

Requester Name: _____ Date Requested: _____

Requester is Representing: _____ Email: _____

Address: _____

Telephone Number: _____ Fax: _____

Records Sought (be as specific as possible):

Note: The Information you were seeking may already be accessible on the Shields Township website and may not require you to submit a Freedom of Information Act (FOIA) request. www.shieldstownship.com.

This Public Body shall comply with or deny a request within five (5) business days. Response time can be extended an additional five (5) business days, as allowed in the law.

Name of Requester

Please complete the form and mail, fax, email or hand deliver directly to the Shields Township Offices FOIA Officer Lisette Rothing for the records being sought. Illinois law does not require you to submit on a standard form.

Lisette Rothing,
Deputy Clerk & FOIA Officer
office@shieldstownship.com
Shields Township
906 W. Muir Avenue
Lake Bluff IL. 60044
847-234-0802
847-234-0721 (fax)

Office Use only

Date Received: _____ Date Expired: _____ extension date (if applicable): _____

