



# Shields Township

## FREEDOM OF INFORMATION ACT REQUEST FORM

ASSESSOR SCOTT HELTON, CIAO

Requester Name: \_\_\_\_\_ Date Requested: \_\_\_\_\_  
Requester is Representing: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Records Sought (be as specific as possible):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will this material be used for commercial purposes? Yes \_\_\_\_\_ No \_\_\_\_\_

Note: The information you are seeking may already be accessible on the Lake County Website and may not require you to submit a Freedom of Information Act (FOIA) request.  
[www.lakecountyil.gov/assessments](http://www.lakecountyil.gov/assessments).

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.

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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](mailto:office@shieldstownship.com)

Shields Township  
906 W. Muir Avenue  
Lake Bluff IL. 60044  
847-234-0802  
847-234-0721 (fax)

*For Office Use only:*

*Date Received:* \_\_\_\_\_ *Date Expired:* \_\_\_\_\_ *extension date (if applicable):* \_\_\_\_\_

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