

Shields Township Supervisor's Office

906 Muir Ave.
Lake Bluff, IL 60044
Telephone: 847-234-0802
Fax: 847-234-0721

FREEDOM OF INFORMATION ACT REQUEST FORM

Requester Name: _____ Date requested: _____

Requester is Representing: _____

Address: _____

Telephone Number: _____ Cell Number _____

Fax Number: _____ E-mail address: _____

Records Sought (be as specific as possible):

Note: The information you are 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 working days. Response time can be extended an additional five working days, as allowed under the law.

Name of Requester

Please complete the form and mail, fax, email or hand deliver directly to the Shields Township Supervisor's FOIA Officer Pam Zalinger for the records that are being sought. Illinois law does not require you to submit on a standard form.

Pam Zalinger (pamz@shieldstownship.com)

Phone: 847-234-0802

Fax: 847-234-0721

Mail: Shields Township Supervisor's Office, 906 Muir Ave., Lake Bluff, IL 60044

Copy Fees: First 50 Pages are free (black and white)

Office Use Only

Date Received _____ Date Expires _____ Extension Request Date _____