

**City of Burbank**  
**6530 W. 79<sup>th</sup> Street**  
**Burbank, Illinois 60459**  
**Phone: 708-599-5500**  
**Fax: 708-599-8088**

**Request for public records under the  
Illinois freedom of information act  
(Public ACT 83-1013)**

Date: \_\_\_\_\_

To: \_\_\_\_\_  
(F.O.I. Officer/Dept Head)

From: \_\_\_\_\_

\_\_\_\_\_ Department

\_\_\_\_\_ Name of Business

\_\_\_\_\_ Address

\_\_\_\_\_ City & State

(\_\_\_\_\_) \_\_\_\_\_  
Phone / Fax No.

Description of requested record(s):

\_\_\_\_\_ Please indicate if you wish to inspect the above captioned records or wish a copy of them:

\_\_\_\_\_ Inspection          \_\_\_\_\_ Copy          \_\_\_\_\_ Both

Do you wish to have copies certified?          \_\_\_\_\_ YES          \_\_\_\_\_ NO

\$15.00 Certification Fee in addition to cost of copies.

\_\_\_\_\_  
(For Office Use Only)

Date Received: \_\_\_\_\_ Date Response Due: \_\_\_\_\_

Date Requested Information was Delivered or Mailed: \_\_\_\_\_

Fee Schedule: Copy from original (Any size not to exceed 8 1/2" X 13") = .25  
(Twenty Five Cents) Per Page (Each Side).

**Additional Charges shall be made for copies in excess of said size.**