

**CITY OF BURBANK  
6530 WEST 79th STREET  
BURBANK, ILLINOIS  
60459 708-599-5500**

**REQUEST FOR PUBLIC RECORDS PURSUANT TO THE  
ILLINOIS FREEDOM OF INFORMATION ACT**

**Date Requested:**

**Request Submitted by:**    **E-Mail**    **U.S.Mail**    **Fax**    **In Person**

**Name of Requester:**

**\*Street Address:**

**\*City/State/County Zip:**

**\*Telephone:**

**\*Fax:**

**\*Email Address:**

*(\*optional)*

**Records Requested:** *Note — Please provide as much specific detail as possible so the City of Burbank may identify the information that you are seeking. You may attach additional pages, if necessary.*

**Do you want copies of the documents (no fee for first 50 pages; \$0.15 per page thereafter for black and white copies on standard legal size paper)?**    **YES**    **NO**

• **Do you want copies certified (\$1.00 charge per record)?**    **YES**    **NO**

• **How is request to be delivered?**    **E-Mail**    **U.S. Mail**    **Fax**    **In Person**

• **If request is to be mailed, emailed or faxed, please include the correct information above. Please include a telephone number or email so requester can be notified properly when request is ready to be picked up.**

• **Is this request for a Commercial Purpose?**    **YES**    **NO**

*(It is a violation of the Freedom of Information Act for any person to knowingly obtain public record for a commercial purpose without disclosing that it is for a commercial purpose, if requested to do so by the public body. 5 ILCS 140.3.1(c).*

• **Are you requesting a fee waiver?**    **YES**    **NO**

*(If you are requesting that the City of Burbank waive any fees for copying the documents, you must attach a statement (the purpose of the request, and whether the principal purpose of the request is to access or disseminate information regarding the health, safety and welfare or legal rights of the general public. 5 ILCS 140/6(c).*

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**(For Official Use Only)**

Date Received:

Date Response Due:

Date Requested Information was Delivered/Mailed/Retrieved:

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