

VILLAGE OF DIAMOND

**Request for Information or Records Pursuant to the State of
Illinois Freedom of Information Act**

Date of Request: _____

Name: _____

City: _____ **State:** _____ **Zip:** _____

Telephone: Home: _____ **Office:** _____

Email Address: _____ **Fax:** _____

Please indicate if you wish to review material or require copies.

- Copy** **Inspect** **Both**

In order to expedite the search for records, please use the attached sheet to specify what records you are requesting. The Village of Diamond will respond to this request within five (5) business days. If the request requires an extension, as provided by law (5) five additional business days will be requested, and will be sent to you in writing.

Signature of person making request: _____



OFFICE USE ONLY

- Approved**

Signature of Individual Processing FOIA Form

Please Print Name and Title

- Denied**

Department Name & Phone Number

