



**CITY OF ELMHURST
SUGGESTED FORM**

FREEDOM OF INFORMATION REQUEST FOR PUBLIC RECORDS

To: City of Elmhurst
Freedom of Information Officer
209 North York Street
Elmhurst, IL 60126

From: _____
Name

Address

City, State, Zip Code

Telephone

Description of records requested:

Are you asking for these records for commercial use/purposes? Yes No

Please indicate the format in which you would like the City to respond to your request, if applicable:

- Inspection Only Hard Copy Email: _____
 Fax: _____ Other Format: _____

Do you wish to have copies certified: Yes No

Do you request a reduction or waiver of fees: Yes No

For Office Use Only:

Date Received: _____ Due Date: _____ Response Date: _____

Responding Departments:

- Admin. Development Engineering Finance H.R. Museum Police

Notations: _____

Information Picked Up, Mailed and/or Otherwise Delivered On: _____

Associated fees: _____ Paid: Yes No Waived

FEE SCHEDULE FOR DUPLICATION OF PUBLIC RECORDS

| | <u>Associated Charges</u> |
|--|----------------------------------|
| <u>Certification of Documents</u> | \$1.00/certification |
| <u>Black & White Copies</u> | |
| Size: 8½"x11" and/or Legal | |
| ▪ First 50 Pages: | No Charge |
| ▪ Each Additional Page | 15¢/page |
| Size: 11"x 17" | 15¢/page |
| Size: Drafting | \$2.00/page |
| <u>Color Copies</u> | 20¢/page |
| <u>Digital Copies on CD</u> | \$ 1.00 |
| <u>Accident Reports</u> | \$ 5.00 |
| <u>Photographs</u> | |
| Digital Copies on Photo CD | \$ 1.00 |
| Prints | At Cost for Reproduction |
| <u>Digital Storage Devices</u> | At Cost for Purchase |

Please note that the requestor will be notified if any records they have requested need to be sent out for reproduction/printing. The requestor will be charged at cost for said reproductions/printing jobs.