



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