



DuPage County Clerk Election Division

FREEDOM OF INFORMATION ACT REQUEST FORM

This form is provided as a convenience for making Freedom of Information Act ("FOIA") requests. You are not required to use it, unless your request is for a commercial purpose. All FOIA requests for commercial purposes must be submitted on this form (see below). All FOIA requests must be in writing, but may be submitted by personal delivery or U.S. Mail to the address below or by facsimile or email to the number or email address below.

Requester's Name: _____	Submit Completed Request to:
Company Name or Organization (if applicable): _____	Freedom of Information Officer
Street Address: _____	DU PAGE COUNTY CLERK ELECTION DIVISION
City: _____ State: _____ Zip: _____	421 North County Farm Road, P.O. Box 1087 Wheaton, IL 60187
Business Phone #: (____) _____	Phone: (630) 407-5600
Daytime Phone #: (____) _____	Fax: (630) 407-5630
Fax #: (____) _____ Email: _____	Email: FOIAElectionCommission@dupagecounty.gov

TITLES OR DESCRIPTIONS OF RECORDS REQUESTING: (USE ATTACHMENT IF ADDITIONAL SPACE IS NEEDED FOR DESCRIPTION.)

REQUEST TO VIEW A VOTER'S RECORD REQUEST TO OBTAIN CERTIFIED COPY OF VOTER'S RECORD - **(\$5.00 FEE)**

NAME OF VOTER (Record to be reviewed)	ADDRESS	DATE OF BIRTH

Voter Data Request(s) *Notarized affidavit required

Electronic *Notarized affidavit required: **No Charge** Printed: *First 50 No Charge, \$0.15 per page after*

Party (or parties)	Democratic <input type="radio"/>	Not Affiliated <input type="radio"/>	Republican <input type="radio"/>	All <input type="radio"/>
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Voter Labels Request(s) **Electronic PDF Only *Notarized affidavit required

Electronic *Notarized affidavit required: **No Charge**

Party (or parties)	Democratic <input type="radio"/>	Not Affiliated <input type="radio"/>	Republican <input type="radio"/>	All <input type="radio"/>
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Vote by Mail/Early Voting Daily List **Electronic FTP *Notarized affidavit required; **No Charge**

Party (or parties)	Democratic <input type="radio"/>	Not Affiliated <input type="radio"/>	Republican <input type="radio"/>	All <input type="radio"/>
Election				

Election Result(s) Electronic only **No Charge**

Election(s)

Current Committeepersons Data

Electronic **No Charge** List **No Charge** Labels **Electronic PDF Only**

Party (or parties)	Democratic <input type="radio"/>	Republican <input type="radio"/>
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Election Map(s) Electronic Or Printed

Precinct (11" X 17") \$0.75 per map <input type="radio"/>	Township (24" X 30") \$3.00 per map <input type="radio"/>	Custom (34" X 48") \$10.00 per map <input type="radio"/>
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CHECK ALL OF THE FOLLOWING THAT ARE APPLICABLE:

- I wish only to inspect these records at the office of the Freedom of Information Office above. I understand inspection is available only Monday through Friday (except legal holidays) from 9:00 a.m. to 4:00 p.m.
- I request copies of the foregoing records in the following format, if available, and agree to pay the charges as indicated (if format is not available, you will be contacted and asked to select another):
 - 8 1/2 x 11 or legal, black and white, on white paper = First 50 pages free; \$0.15 per page thereafter
 - Other color print or paper stock = Actual cost of reproduction
 - (Specify) _____
- I request the copies be sent via U.S. Mail - prepayment of postage required
- I request the copies be emailed to me (if documents are in a format which can be emailed)
- THIS REQUEST IS FOR COMMERCIAL PURPOSE (you must state whether your request is for a commercial purpose. A request is for a "commercial purpose" if all or any part of the information will be used in any form for sales, resale, or solicitation or advertisement for sales. Failure to disclose whether a request is for a commercial purpose is a prosecutable violation of FOIA.)
- I am seeking a waiver or reduction of any copying fee due (Note: A request for waiver or reduction of the copying fee can be considered only where the request is in the public interest. To be in the public interest, the principal purpose of the request must be to assess or disseminate information regarding the health, safety and welfare, or legal rights of the general public. If you are requesting a waiver or reduction of any copying fee, you must attach a statement that the request is in the public interest and state with sufficient specificity the purpose of the request. Waiver or reduction of copying fees is wholly within the discretion of the County Clerk.)

I understand any required payment must be received before any documents are copied and/or mailed.

Date

Signature of Requester

NOTE TO REQUESTER: Retain a copy of this request for your records. You must submit a copy of it with any Request for Review you may file with the Illinois Attorney General's Public Access Counselor.

OFFICE USE ONLY	
Item	Cost
TOTAL COST	

Signature Upon Receipt

____/____/____
Date Received

FOR FREEDOM OF INFORMATION OFFICER USE ONLY

REQUEST RECEIVED BY: _____

DATE REQUEST RECEIVED: ____ - ____ - ____

DATE RESPONSE DUE: ____ - ____ - ____

DATE EXTENDED RESPONSE DUE: ____ - ____ - ____

Freedom of Information - Contact Information

Telephone: (630) 407-5600 Fax: (630) 407-5630 Email: FOIAElectionCommission@dupagecounty.gov