



# Village of Fox River Grove

## REQUEST FOR PUBLIC RECORDS

NAME:

ADDRESS:

TELEPHONE NUMBER:

E-MAIL ADDRESS:

DATE OF REQUEST:

Please describe the public records you are requesting. In order to expedite the search for the records, please be as specific as possible.

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The Village of Fox River Grove will respond to this request within five (5) business days. There is no charge for the first 50 pages of black and white, letter or legal size copies, after which the cost will be \$0.15 per page. Fee Waiver requests must be made to the Village President in writing and state how the requested information primarily benefits the general public. **Please indicate how you would like to receive your response ~**

Email to above address \_\_\_\_\_

Pick-Up at Village Hall \_\_\_\_\_

\_\_\_\_\_  
Signature of Person Making Request

(FOR OFFICE USE ONLY)

DEPARTMENT:	_____	Police
	_____	Building & Zoning
	_____	Streets & Parks
	_____	Water & Sewer
	_____	Administration
	_____	Other