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FREEDOM OF INFORMATION ACT RECORDS REQUEST

Date: _____

Name: _____

Address: _____

Phone: _____

Email: _____

I request access to the following records (describe in detail):

There is a 15 cent charge, per page, for black and white copies. There is a 25 cent charge, per page, for colored copies. Digital copies will be emailed to you at no charge.

I would like colored copies.

This request is for a Commercial Purpose. *(It is a violation of the Freedom of Information Act for a person to knowingly obtain a public record for a commercial purpose without disclosing that it is for a commercial purpose, if requested to do so by a public body. 5 ILCS 140.3.1 (c)).*

Signature: _____

Compliance Date: _____

Received: _____