

# FREEDOM OF INFORMATION ACT RECORDS REQUEST

**Wheeling Township  
1616 N. Arlington Heights Rd.  
Arlington Heights, IL 60004**

**TO PERSONS REQUESTING COPIES OR INSPECTION OF RECORDS:** Please complete the front of this form and provide it to the Township Clerk, Director of Senior/Disabilities or Administrator.

**Name of Person Making Request (Requestor):** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Description of Requested Records (be specific):**

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**In what format do you want requested records?**

**Inspection Only**

**Copies Only**

**Both**

**The first 50 copies are at no cost, after 50 copies, it is 15c per page. Certification of a record is \$1.00.**

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_