



VILLAGE OF GLEN ELLYN REQUEST FOR RECORDS DISCLOSURE

Date of Request: _____

Name: _____

Organization/Company: _____

Address: _____

City/State/Zip: _____

Daytime Contact Number: _____

Optional email: _____

Fax: _____

Is this a Commercial Request? Yes _____ No _____

Do you request certification of the records? Yes _____ No _____

Records Requested (*Please be Specific*):

Signature: _____

Submit Request to: Administrative Services Coordinator
535 Duane Street
Glen Ellyn, IL 60137

For Village Office Use Only: Reference # _____

Date Request Received: _____ Time Request Received: _____ AM/PM

Signature of Employee Receiving Request: _____

Forwarded to: _____ Village FOIA Officer _____ Department FOIA Officer

Department Response Due Date: _____

--5 Business Days--