



# 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:**

Online <https://www.glenellyn.org/590>  
Email [villageclerk@glenellyn.org](mailto:villageclerk@glenellyn.org)  
Fax 630.469.8849

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: \_\_\_\_\_