Please fill in the highlighted fields.

OFFICE OF THE DU PAGE COUNTY AUDITOR
REQUEST FOR PUBLIC RECORDS
Under The Illinois Freedom Of Information Act

Company Name (If Applicable) Or Organization (If Any)	Business Phone # Area Code ( ) --
Requestor's Name	Daytime Phone # Area Code ( ) --
Address (Street And Number)	Home Phone # Area Code ( ) --
City State Zip Code	E-mail Address

- ☐ I wish to **inspect** these items.
- ☐ I would like **copies** of these items.
- ☐ I would like to **both** inspect these items and obtain copies of them.

Pursuant to the Freedom of Information Act describe in detail the public record you're requesting (Attach additional sheets if necessary)

For what purpose are you requesting the information (Attach additional sheets if necessary)

☐ By checking this box it acts as my signature, I agree that the information obtained will not be used to violate individual privacy, nor for the purpose of furthering a commercial enterprise nor to disrupt the duly undertaken work of the public body. I understand the Office has seven (7) working days to respond following the date the request is received. I also understand the Office may take seven (7) additional working days, if necessary, to fill my request. I understand that if it is determined that some or all of the materials which I have requested to review or have copied may not be disclosed, I will receive a written denial including the reason for denial and explaining my right to appeal. I also understand that I may be charged with costs associated with this request.

_____

Date

Please submit this completed request to:

PETER W. BALGEMANN
FREEDOM OF INFORMATION OFFICER
OFFICE OF THE DU PAGE COUNTY AUDITOR
421 NORTH COUNTY FARM ROAD
WHEATON, ILLINOIS 60187

TELEPHONE NO: (630) 407-6075
FAX NO: (630) 407-6076

Email FOIA Request

FOR COUNTY AUDITOR USE ONLY

This section to be completed by the employee fulfilling this request.

Date request form received: _____ Date Records Provided: _____

Employee Initials: _____ Copying fee charged (If applicable): $_____

Notes: _____

_____