

OFFICE OF THE ASSESSOR

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FREEDOM OF INFORMATION REQUEST FORM

Date Requested: \_\_\_\_\_

(Please Print Legibly)

Name: \_\_\_\_\_

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

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

E-Mail: \_\_\_\_\_

Requestor is representing: \_\_\_\_\_

Description of Requested Record (s)

*(Please provide as much specific detail as possible so the public body can identify the information requested)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please indicate if you wish to inspect or receive a copy of the captioned records.

Inspect: \_\_\_\_\_ Copy: \_\_\_\_\_ Both: \_\_\_\_\_

Is this request for commercial purposes?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

*(It is a violation of the Freedom of Information Act for a person to knowingly obtain records for a commercial purpose without disclosing that it is for commercial purposes, if requested to do so by the public body 5 ILCS 140/ 3.1(c))*

*Copy Fees: First 50 copies are free (black and white), \$.15 per page thereafter; actual costs of copying for large and or color copies.*

Signature: \_\_\_\_\_