

The Village Of Summit Illinois

JOSEPH W. STRZELCZYK
VILLAGE PRESIDENT

7321 W. 59TH STREET, SUMMIT, ILLINOIS 60501
(708) 563-4800 FAX (708) 563-2914

REQUEST FOR INFORMATION UNDER THE FREEDOM OF INFORMATION ACT

The undersigned requests the following information from the records of the Village of Summit:

____ Liquor License ____ Business License ____ Vehicle Tag
____ Building Permit ____ Other

I am requesting copies of the information _____
I am requesting to review the information _____

Please explain in detail the information you are requesting. If you are faxing your request, please fax to 708-563-9340. Photocopies of material are provided at a cost of \$.25 (twenty-five cents) per page. Certified Copies of material are provided at a cost of \$2.00 (two-dollars) per page:

NAME: _____

ADDRESS: _____

PHONE: _____

DATE REQUEST FOR INFORMATION RECEIVED: _____