

# 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: \_\_\_\_\_