FREEDOM OF INFORMATION REQUEST FORM

Proviso Township Mental Health Commission
Jesse Rosas, Executive Director
Freedom of Information Officer
4415 W. Harrison St.
Hillside, IL 60162
Ph: (708) 449-5508
Fax: (708) 449-6421

Date:_____

FOR OFFICE USE ONLY:
Due: _____

Completion Date: _____

I here by request production of the following records. Please describe in detail, and use the reverse side or attach a separate sheet of paper if necessary.

Check which of the following apply:

☐ I will inspect these records at the Township Office

☐ I request copies of the following records and agree to pay the appropriate fee (as indicated below). If requesting copies of all records listed above, state "all".

☐ Please certify the following documents. (I agree to pay $1.75 for each document certified, which is in addition to the cost per page.

State the purpose for requesting this information (personal, business, school, work, press, etc.):

Name: _____
(Please Print)

Address: _____

Phone: Office: _____Home: _____ other: _____

Representing: _____
Signature: _____

THE COMMISION HAS SEVEN (7) WORKING DAYS TO RESPOND TO YOUR REQUEST. (These seven (7) days start one day following the receipt of the request, pursuant to the IL Freedom of Information Act.)

8 ½" X 11" COPIES $0.25 PER PAGE	8 ¼" X 14" COPIES $0.35 PER PAGE	CERTIFICATIONS OF DOCUMENT $1.75 PER PAGE (1 PER DOCUMENT)	CHARGES FOR TOWNSHIP RECORDS IN BOOK OR PAMPHLET FORM SHALL BE ASSESSED FOR SUCH MATERIALS BASED UPON THE COST OF SUCH MATERIALS INCURRED BY THE TOWNSHIP. COPYING OF ANY MATERIALS THAT REQUIRE OUTSIDE DUPLICATION SHALL BE CHARGED AT A RATE BASED UPON THE COST OF SUCH COPYING OR REPRODUCTION