



VILLAGE OF PALATINE

200 E. Wood Street
Palatine, IL 60067

FREEDOM OF INFORMATION REQUEST FORM

LAURIE A. RAYBORN
Freedom of Information Officer
Village Clerk's Office
Phone: (847) 359-9051
Fax: (847) 359-9094
E-mail: rayborn@palatine.il.us

Date of Request _____
*(A response to or denial of a request will be
within five (5) working days after its receipt)*

(Please Print)

Requestor's Name _____
Last Name First Name

Company Name (if applicable) _____

Mailing Address _____
Number & Street City State Zip Code

E-mail Address: _____

Cell/Home Phone # _____ Work Phone # _____ Fax # _____

Records sought (be as specific as possible, incl. address, dates/timeframe, type of records, etc.):

Address for Records Sought: _____

I am the owner of the property for which the records are being requested. _____ Yes _____ No

_____ The records sought are for a commercial purpose. *(A response to or denial of a commercial request
will be within twenty-one (21) working days after its receipt).*

Requestor's Signature _____ Date _____

Would you like to receive the requested information electronically (if feasible)? _____ Yes _____ No

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