

REQUEST FOR PUBLIC RECORDS

*Dundee Township Assessor's Office
553 Barrington Avenue
East Dundee, IL 60118*

Date of Request: _____

Request submitted by: ___ Email ___ U.S. Mail ___ Fax ___ In Person

Name of Requester: _____

Street address of Requester: _____

City/State/Zip code: _____

Telephone (Optional): _____ E-mail (Optional) _____

Fax (Optional): _____

Records Requested: Please provide as much specific detail as possible so that the information you are seeking may be identified. You may attach additional pages, if necessary.

Do you want to view the documents? YES or NO

(Contact the Assessor's Office for a mutually agreed upon time and date to review the records at the Assessor's Office, 553 Barrington Avenue, East Dundee during regular office hours, 7:30 am to 4:00 pm.

Do you want copies of the documents? YES or NO

Do you want Electronic Copies or Paper Copies? _____

If you want Electronic Copies, in what format? _____

Is this request for Commercial purpose? YES or NO

(It is a violation of the Freedom of Information Act for a person to knowingly obtain a public record for a commercial purpose without disclosing that it is for a commercial purpose, if requested to do so by the public body, 5 ILCS 140.3.1(C)).

Are you requesting a fee waiver? YES or NO

(If you are requesting that the public body waive any fees for copying the documents, you must attach a statement of the purpose of the request, and whether the principal purpose of the request is to access or disseminate information regarding the health, safety and welfare or legal rights of the general public. 5 ILCS 140/6(C)).

Signature _____ Date: _____

Dundee Township Assessor's Office FOIA Officers are:

Michael Bielak, Assessor

Nancy Cooke, Deputy Assessor

Each may be contacted at: 553 Barrington Avenue, East Dundee, IL. 60118

Phone: 847-428-2634

FOIA Request Form

Additional Information Regarding FOIA

For Township Use Only:

Received by the Dundee Township Assessor's Office, Kane County, Illinois:

Date: _____ Time: _____

Method of Delivery: _____

Township Official or employee receiving request:

Name: _____

Title: _____

Signature: _____

Response Due: _____

(5 Business days after day of receipt,
Non-commercial requests only)

Township Official or employee responsible for compiling response:

Name: _____

Title: _____