



**FREEDOM OF INFORMATION ACT
REQUEST FOR INSPECTION OF RECORDS**

DATE: _____ FROM: _____
TO: VILLAGE OF WEST DUNDEE COMPANY: _____
ADMINISTRATION & FINANCE ADDRESS: _____
102 S. SECOND STREET _____
WEST DUNDEE, IL 60118 PHONE: _____
PHONE: 847-551-3800 FAX: _____
FAX: 847-551-3809 EMAIL: _____

DESCRIPTION OF REQUESTED RECORDS:

IS THE INFORMATION BEING REQUESTED FOR COMMERCIAL PURPOSES? YES NO _____ SIGNATURE OF REQUESTER

FOR OFFICE USE ONLY

NOTES:

DATE RECEIVED RESPONSE DUE DATE AUTHORIZATION SIGNATURE DISTRIBUTION DATE

TOTAL PAGES: _____