

**Freedom Of Information Act
Optional Request Form**

Applicant Information (optional): Complete info for return of request.

Name: _____ Company: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Request Information: Attach additional sheets if necessary.

Date of Request: _____ Commercial Request: No Yes
(Circle One)

Requested via: In person Fax Mail Email Other:
(Circle One)

Type of Document(s) Requested: _____

Parcel(s): _____

TO BE COMPLETED BY FOIA OFFICER:

Form completed by: Applicant FOIA Officer Other:
(Circle One)

Date Received: _____ Request must be fulfilled by: _____
(5 days after date received)

Date Fulfilled: _____ Request fulfilled by: _____
(Print FOIA Officer's Name)

Fulfilled via: In person Fax Mail Email Other:
(Circle One)

Duplicate retained: _____ Assessor: _____
(Signature of FOIA Officer) (Initial)

of pages: _____ Cost: _____ Cash Check # : _____
(Print amount and circle payment method)

Have I given you everything: No Yes Initial: _____ Time: _____
(Circle One) (FOIA Officer)

Denied? _____
(List exemption & reason for denial)

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