

CITY OF CHICAGO  
OFFICE OF THE  
**CITY CLERK**  
MIGUEL DEL VALLE

**City Clerk's Office Freedom of Information Request**

Requester's Name: \_\_\_\_\_

Organization (if any): \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-mail Address \_\_\_\_\_

Is this a commercial request? \_\_\_ Yes \_\_\_ No

Would you prefer your information be sent electronically (via e-mail)? \_\_\_ Yes \_\_\_ No

Records Sought (be specific):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF REQUESTER

*The agency will respond to a request for public records within five working days after receipt. If your request is denied, you have a right of review by the Illinois Attorney General's Public Access Counselor, who can be contacted at 500 S. Second Street, Springfield, IL 62706 or by telephone at (217)558-0486. You may also seek judicial review of a denial under 5 ILCS 140/11 of FOIA.*

**For Agency Use Only:**

Name and title of person receiving request : \_\_\_\_\_

Date request received: \_\_\_\_\_

Records available: \_\_\_ Yes \_\_\_ No      Request denied: \_\_\_ Yes \_\_\_ No

Copies made: \_\_\_ Yes \_\_\_ No      How Many? \_\_\_ Fee: \_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Submit this form to:  
City Clerk's Office, Room 107  
Attn: Daveda Peeler  
121 N. LaSalle  
Chicago, IL 60602  
Fax: 312-744-1755  
E-mail: ClerkFOIA@cityofchicago.org**