



Shields Township

FREEDOM OF INFORMATION ACT REQUEST FORM

ASSESSOR SCOTT HELTON, CIAO

Requester Name: _____ Date Requested: _____
Requester is Representing: _____ Email: _____
Address: _____
Telephone Number: _____ Fax: _____

Records Sought (be as specific as possible):

Will this material be used for commercial purposes? Yes _____ No _____

Note: The information you are seeking may already be accessible on the Lake County Website and may not require you to submit a Freedom of Information Act (FOIA) request.
www.lakecountyil.gov/assessments.

This Public Body shall comply with or deny a request within five (5) business days. Response time can be extended an additional five (5) business days, as allowed in the law.

Name of Requester

Please complete the form and mail, fax, email or hand deliver directly to the Shields Township Offices FOIA Officer Lisette Rothing for the records being sought. Illinois law does not require you to submit on a standard form.

Lisette Rothing,
Deputy Clerk & FOIA Officer
office@shieldstownship.com

Shields Township
906 W. Muir Avenue
Lake Bluff IL. 60044
847-234-0802
847-234-0721 (fax)

For Office Use only:

Date Received: _____ Date Expired: _____ extension date (if applicable): _____

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