

SHIELDS TOWNSHIP HIGHWAY DEPARTMENT
719 JENKISSON AVE.
LAKE BLUFF, IL 60044
PHONE NUMBER 847-234-0888
FAX NUMBER 847-234-0721

FREEDOM OF INFORMATION ACT REQUEST FORM

Requester's Name: _____ Date Requested: _____

Requestor is representing: _____

Address: _____

Telephone Number: _____ Cell Phone Number: _____

Fax Number: _____ Email Address: _____

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 (www.lakecountyil.gov) and may not require you to submit a Freedom of Information Act (FOIA) request.

This public body shall comply with or deny a request within five working days. Response time can be extended an additional five working days, as allowed under the law.

Name of Requester

• Please complete the form and mail, fax, email or hand deliver directly to Shields Township Highway Department FOIA Officer Rob Beake for the records that are being sought. Illinois law does not require you to submit on a standard form.

Phone: 847.234.0888

Fax: 847.234.0721

Mail: Shields Township Highway Department, 719 Jenkisson Ave., Lake Bluff, IL 60044

• Copy Fees: First 50 pages are free (black and white)

Office Use Only

Date Received _____ *Date Expires* _____ *Extension Request Date* _____