

Reference # _____

Office Use Only



OFFICE OF THE NORTH CHICAGO CITY CLERK

1850 Lewis Avenue

North Chicago, IL 60064

Phone: (847) 596-8682 - Fax: (847) 596-8689

OFFICIAL INFORMATION REQUEST

(Request based on Illinois Freedom of Information Act and Local Records Act)

Today's Date: _____

For Commercial Use: Yes No

Department this document is submitted to: _____

Department information is requested from: _____

Subject (ie. liens, violations): _____

Address (if known or needed of property): _____

Description of Information you are Request (please include dates if necessary): _____

Your Name: _____

Signature: _____

Home Address: _____

Email Address: _____

Best Available Contact Phone Number: () _____ - _____ ext: _____

Fax Number: () _____ - _____ Information request for: _____ Viewing _____ Copy

It is also hereby noted that if this information is to be used for commercial use it is unlawful to withhold that information and must be stated.

Departmental Use Only

Information Request Received by: _____

Request Forwarded to: _____ Department: _____

Date Received: _____ Due Date: _____