



DuPage County Election Commission

FREEDOM OF INFORMATION ACT REQUEST FORM

This form is provided as a convenience for making Freedom of Information Act ("FOIA") requests. You are not required to use it, unless your request is for a commercial purpose. All FOIA requests for commercial purposes must be submitted on this form (see below). All FOIA requests must be in writing, but may be submitted by personal delivery or U.S. Mail to the address below or by facsimile or email to the number or email address below.

Requester's Name: _____

Company Name or Organization (if applicable): _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Business Phone #: (____) _____

Daytime Phone #: (____) _____

Fax #: (____) _____ **Email:** _____

Submit Completed Request to:

Freedom of Information Officer
DuPAGE COUNTY ELECTION COMMISSION
 421 North County Farm Road, P.O. Box 1087
 Wheaton, IL 60187
 Phone: (630) 407-5600
 Fax: (630) 407-5630
 Email: FOIAElectionCommission@dupageco.org

TITLES OR DESCRIPTION OF RECORDS REQUESTING: (USE ATTACHMENT IF ADDITIONAL SPACE IS NEEDED FOR DESCRIPTION.)

<input type="checkbox"/> REQUEST TO VIEW A VOTER'S RECORD	<input type="checkbox"/> REQUEST TO OBTAIN CERTIFIED COPY OF VOTER'S RECORD - (\$5.00 FEE) <small>(NOT AVAILABLE ELECTRONICALLY)</small>
NAME OF VOTER (Record to be reviewed)	ADDRESS
	DATE OF BIRTH

CHECK ALL OF THE FOLLOWING THAT ARE APPLICABLE:

- I wish only to inspect these records at the office of the Freedom of Information Officer above. I understand inspection is available only Monday through Friday (except legal holidays) from 9:00 a.m. to 4:00 p.m.
- I request copies of the foregoing records in the following format, if available, and agree to pay the charges as indicated (if format is not available, you will be contacted and asked to select another):
 - 8-1/2" x 11" or legal, black and white, on white paper = First 50 pages free; \$0.15 per page thereafter
 - Other color print or paper stock = Actual cost of reproduction
 - (Specify) _____
 - CD ROM No Charge
 - Micro cassette tape No Charge
 - Other electronic Actual cost of medium
- I request the copies be sent via U.S. Mail - Prepayment of postage required
- I request the copies be emailed to me (if documents are in a format which can be emailed).
- THIS REQUEST IS FOR A COMMERCIAL PURPOSE (You must state whether your request is for a commercial purpose. A request is for a "commercial purpose" if all or any part of the information will be used in any form for sale, resale, or solicitation or advertisement for sales or services. Failure to disclose whether a request is for a commercial purpose is a prosecutable violation of FOIA.)
- I am seeking a waiver or reduction of any copying fee due. (Note: A request for waiver or reduction of the copying fee can be considered only where the request is "in the public interest." To be in the public interest, the principal purpose of the request must be to access or disseminate information regarding the health, safety and welfare, or legal rights of the general public. If you are requesting a waiver or reduction of any copying fee, you must attach a statement that the request is in the public interest and state with sufficient specificity the purpose of the request. Waiver or reduction of copying fees is wholly within the discretion of the Commission.)

Please note oral communications or other information on the back of this form.

I understand any required payment must be received before any documents are copied and/or mailed.

 Date Signature of Requester

NOTE TO REQUESTER: Retain a copy of this request for your records. You must submit a copy of it with any Request for Review you may file with the Illinois Attorney General's Public Access Counselor.

FOR FREEDOM OF INFORMATION OFFICER USE ONLY

REQUEST RECEIVED BY: _____
(Initials)

DATE REQUEST RECEIVED: ____-____-____

REQUEST IS HEREBY:

- APPROVED
 DENIED

(Signature)

DATE RESPONSE DUE: ____-____-____

DATE EXTENDED RESPONSE DUE: ____-____-____

DATE DOCUMENTS COPIED OR INSPECTED: ____-____-____

DATE RESPONDED: ____-____-____

NUMBER OF COPIES: _____ COPYING FEE AMOUNT: \$ _____

POSTAGE AMOUNT (if applicable): \$ _____

TOTAL AMOUNT: \$ _____ Cash Check# _____