

FREEDOM OF INFORMATION ACT REQUEST FOR PUBLIC RECORDS

(Suggested form; other written requests are acceptable)

Forms may be faxed, mailed, hand-delivered or e-mailed to the City of Wheaton.

TO: Freedom of Information Act Officer, City of Wheaton, Illinois: Please direct your request one of the following FOIA Officers

Building, Engineering, or Planning Department:

Mary Lou Hecklinger mhecklinger@wheaton.il.us
Ruta Norkus rnorkus@wheaton.il.us
Wheaton City Hall
303 W. Wesley Street
Wheaton, IL 60187
Phone: 630-260-2050 Fax: 630-260-2195

Wheaton Public Library:

Betsy Adamowski betsy@wheatonlibrary.org
Lisa Christell-Sandri lisa@wheatonlibrary.org
Joyce Kent joyce@wheatonlibrary.org
Dawn Kovacs dawn@wheatonlibrary.org
Wheaton Public Library
225 N. Cross Street
Wheaton, IL 60187
Phone: 630-260-2155 Fax: 630-868-7590

Police Department:

Sharon Taylor staylor@wheaton.il.us
Lt. William Cooley mwcooley@wheaton.il.us
Deputy Chief P.J. Youker pyouker@wheaton.il.us
Wheaton Police Department
Wheaton, IL 60187
Phone: 630-260-2071 Fax: 630-260-4865

All Other Departments:

Sharon Barrett-Hagen sbarrett-hagen@wheaton.il.us
Andrea Rosedale arosedale@wheaton.il.us
Wheaton City Hall
Wheaton, IL 60187
Phone: 630-260-2019 Fax: 630-260-2017

Board of Trustees Firemen's Pension Fund:

Secretary Jason Skilondz jskilondz@wheaton.il.us
Wheaton fire Department
1 Fapp Circle
Wheaton, IL 60187
Phone: 630-668-1374 Fax: 630-668-1465

DESCRIPTION OF RECORDS REQUESTED:

I request the following public records of the City of Wheaton (please be as specific and as detailed as possible):

For Building Department Records specify:

Address: _____
Remodel or Addition Date: _____ Date Range for Permits/Inspections: _____
Are You the Property Owner: Yes No

For Police Department Records specify:

Date of Incident Report: _____ Incident Number: _____
Location of Incident: _____
Detailed Description of Incident: _____

PURPOSE OF REQUEST:

Yes No

- 1. The records requested above, or the information derived therein, will be used for a commercial purpose, that is they will be used for sale, resale, solicitation or advertisement for sales or services. ___ ___
- 2. I am, or represent, news media or a non-profit, scientific or academic organization. ___ ___
- 3. The principal purpose of this Request is to access and disseminate information concerning news and current or passing events. ___ ___
- 4. The principal purpose of this Request is for articles of opinion or features of interest to the public. ___ ___
- 5. The principal purpose of this Request is academic, scientific, or public research or education. ___ ___
- 6. The principal purpose of this Request is for the dissemination of information regarding the public health, safety, and welfare or the legal rights of the general public and is not for personal or commercial benefit. ___ ___

NOTICE: It is violation of the Freedom of Information Act (5 ILCS 140/3.1(c)) for a person to knowingly obtain a public record for a commercial purpose without disclosing that it is for a commercial purpose, if requested to do so by the public body. Each violation of this requirement shall be subject to those penalties allowed by law.

Please indicate the format in which you would like the City to respond to your request, if applicable:

Inspection Only Provide Hard Copy for Pick-Up E-Mail to: _____

Fax to: _____ Other Format: _____

Do you wish to have copies certified: Yes No

Do you request a reduction or waiver of fees: Yes No
(only allowed if checked "Yes" to Purpose #5)

Please be advised that the City is entitled to charge certain fees for the provision of public records which must be paid prior to receipt of records. Please Refer to the City's FOIA Fee Schedule at: https://library.municode.com/il/wheaton/codes/code_of_ordinances?nodeId=APXBFESC

REQUESTER: (please include all information) – PLEASE PRINT

Name: _____

E-mail: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone (Day Time): _____ Fax #: _____

By signing this request, I acknowledge and represent that all of the information provided in support of this request is true and accurate. I also understand that all fees charged for the copying/duplication of the record(s) requested must be paid in full before I will receive the record(s). I understand that I will be notified if I am required to pay any fee(s) for record(s) before the City will copy or duplicate the record(s).

Signature of Requester Date: _____

For Office Use Only:
Date Received: _____ Time Received: _____
Date Response Due: _____
Date Response Provided: _____ Inspected: Mailed: E-Mailed: Faxed: Picked Up:
Name of FOIA Officer Responding: _____
Associated Fees: Paid: Yes No Waived