

Clerk's Office Daniel P. Fitzgerald

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REQUEST FOR RECORDS IN ACCORDANCE WITH THE FREEDOM OF INFORMATION ACT

I am requesting to: Copy □ Inspect	Certified □, the follo	wing public records:
Information Requested:		
Will this information be used for commercial purposes? Yes	□ No □	
Electronic Copy (email to info@barringtontwpil.gov Par	oer Copy 🗆	
If paper copies are requested, the charge will be a standard charge charge per document requested.	per copy (each side). Certification	n of documents is an added standar
A response to your request will be made within five working days	of receipt of this request.	
Please return with a copy of this request on		
Requested By:		
Name/Company:		
Address:		
City/State/Zip:	Phone:	
FOR OFFICE USE ONLY		
Date Request Received:		
By:		gnature
Number of Photocopies: Photocopying Fees:		
Form of Payment:	Paid in Full □	
Request Taken:		Time:
Information Given By:		Time:
Additional Time Requested By:		Time:
Denial Sent By:		Time:
Authorized By:		A 1111-70