

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 follow	wing public records:
Information Requested:		
Will this information be used for commercial purposes? Yes] No 🗆	
Electronic Copy [] (email to <u>info@barringtontownship.com</u>)Pape	er Copy 🗆	
If paper copies are requested, the charge will be <u>.02</u> cents per copy (each side). Certification of docu	ments is an additional <u>\$N/A</u> .
A response to your request will be made within five working days or	f the 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: Print Name		lignature
Number of Photocopies: Photocopying Fees:	, and the second s	
Form of Payment:	Paid in Full 🗆	
Request Taken:	Date:	Time:
Information Given By:	Date:	Time:
Additional Time Requested By:	Date:	Time:
Denial Sent By:	_ Date:	Time:
Authorized By:	_	