



DuPage County Clerk Election Division

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: _____

Submit Completed Request to:

Company Name or Organization (if applicable): _____

**Freedom of Information Officer
DU PAGE COUNTY CLERK ELECTION DIVISION**

Street Address: _____

421 North County Farm Road, P.O. Box 1087
Wheaton, IL 60187

City: _____ State: _____ Zip: _____

Phone: (630) 407-5600

Business Phone #: (____) _____

Fax: (630) 407-5630

Daytime Phone #: (____) _____

Email: FOIAElectionCommission@dupageco.org

Fax #: (____) _____ Email: _____

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

- REQUEST TO VIEW A VOTER'S RECORD REQUEST TO OBTAIN CERTIFIED COPY OF VOTER'S RECORD - (\$5.00 FEE)

NAME OF VOTER (Record to be reviewed)	ADDRESS	DATE OF BIRTH
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CHECK ALL OF THE FOLLOWING THAT ARE APPLICABLE:

I wish only to inspect these records at the office of the Freedom of Information Office 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 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 sales, resale, or solicitation or advertisement for sales. 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 assess 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.

Freedom of Information - Contact Information

Telephone: (630) 407-5600 Fax: (630) 407-5630 Email: FOIAElectionCommission@dupageco.org

FOR FREEDOM OF INFORMATION OFFICER USE ONLY

REQUEST RECEIVED BY: _____ DATE REQUEST RECEIVED: ____ - ____ - ____
(Initials)

REQUEST IS HEREBY: APPROVED
 DENIED _____
(Signature)

DATE RESPONSE DUE: ____ - ____ - ____ DATE EXTENDED RESPONSE DUE: ____ - ____ - ____

DATE DOCUMENTS COPIED OR INSPECTED: ____ - ____ - ____

NUMBER OF COPIES: _____ COPYING FEE AMOUNT: \$ _____
POSTAGE AMOUNT (if applicable) \$ _____
TOTAL AMOUNT: \$ _____ Cash Check# _____

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