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  nnorkus@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
900 W. Liberty Drive
Wheaton, IL 60187
Phone: 630-260-2071  Fax: 630-260-4865

All Other Departments:
Sharon Barrett-Hagen  sbarrett-hagen@wheaton.il.us
Wheaton City Hall
303 W. Wesley Street
Wheaton, IL 60187
Phone: 630-260-2012  Fax: 630-260-2017

Board of Trustees Firemen’s Pension Fund:
President Jason Skilondz  jskilondz@wheaton.il.us
Wheaton fire Department
1 Fapp Circle
Wheaton, IL 60187
Phone: 630-260-2185  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:

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.  

   - Yes  
   - No

2. I am, or represent, news media or a non-profit, scientific or academic organization.

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3. The principal purpose of this Request is to access and disseminate information concerning news and current or passing events.

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4. The principal purpose of this Request is for articles of opinion or features of interest to the public.

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5. The principal purpose of this Request is academic, scientific, or public research or education.

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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.

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### 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)

### 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

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: www.wheaton.il.us/City Services/City Code/Appendix B