



LEMONT TOWNSHIP  
16300 ALBA ST.  
LEMONT, IL 60439  
630-257-2522  
clerk@lemonttownship.org

## FOIA REQUEST FORM

*Note to Requester: Retain a copy of this request for your files. If you eventually need to file a Request for review with the Public Access Counselor, you will need to submit a copy of your FOIA request.*

Date Requested: \_\_\_\_\_ Response Required: \_\_\_\_\_

Request Submitted by:    Email\_\_\_\_\_    US Mail\_\_\_\_\_    In Person\_\_\_\_\_

Requester's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/County/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Records Requested:

(Provide as much specific detail as possible so we can identify the information that you are seeking. You may attach additional pages, if necessary.)

---

---

---

---

**Do you want copies of the documents?    YES    NO**