



LEMONT TOWNSHIP

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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