



REQUEST FOR PUBLIC RECORDS

Mail or Fax to: **City of Darien**
1702 Plainfield Road
Darien, IL 60561
Fax No. (630) 852-4709

REQUESTOR'S NAME _____
ADDRESS _____
CITY, STATE, ZIP CODE _____
EMAIL ADDRESS _____
TELEPHONE NO. _____ FAX NO. _____
DATE OF REQUEST _____

Date Stamp

Please describe the public records you are requesting. In order to expedite the search for the records, please be as specific as possible.

Non-Commercial

Commercial

The City will respond to or deny this request within five (5) working days.

Signature of Requestor

<i>FOR RECORDS MANAGEMENT/CITY USE ONLY</i>	
Response (attach correspondence if necessary):	
Records made available for viewing <input type="checkbox"/>	Request denied <input type="checkbox"/> _____
Copies made Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
How Many? _____ Fee _____	Other <input type="checkbox"/> _____
Signature _____	Date _____
Title _____	
Requestor Notified <input type="checkbox"/> In Person <input type="checkbox"/> Mail <input type="checkbox"/> Telephone	
Comments: _____ _____ _____	
Department: ___ P. D. ___ Clerk's Office ___ Building ___ P/W ___ Admin ___ Other	