

INFORMATION REQUEST FORM

To: Bloomingdale Public Library
FOIA Officer
101 Fairfield Way
Bloomingdale, IL 60108

Date of Request: _____ Time of Request: _____

Requestor's Name (or Business Name, if applicable): _____

Street Address: _____

City _____ State _____ Zip Code: _____

Phone Number: _____

Description of records requested: _____

For Office Use Only:

Date Request Received: _____ Time Request Received _____
Received
By: _____ Date: _____