Village of Harwood Heights

Request for Production of Documents (FOIA)

To: **Village Clerk**
Village of Harwood Heights
7300 West Wilson Avenue
Harwood Heights, IL 60706

I hereby request production of the following records under the Freedom of Information Act.

I agree to pay .10 cents per page, per side at the time of receipt or in advance if the total number of pages is more than 10 single sides or 5 or more double-sided pages. If requesting Traffic Accident reports the cost is $5.00 per accident report. Payment is to be in the form of cash, check or certified check.

Describe in detail giving Report Numbers, Date(s), and Full Description of Document etc., using the reverse side of this sheet if necessary or attach a separate sheet.

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By signing this form I agree to the terms listed as well as all of the provisions of the Freedom of Information Act.

Name (Printed) _____
Signature: _____
Address: _____
City: _____ **State:** _____ **Zip:** _____
Home Phone: _____ **Work:** _____
Representing: _____
Date: _____