



# 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

<b><i>FOR RECORDS MANAGEMENT/CITY USE ONLY</i></b>	
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	