



FREEDOM OF INFORMATION FORM

Kevin McGrier, Village
Clerk Village of Broadview
2350 South 25th Avenue
Broadview, IL 60155

Send all requests to: kmcgrier@broadview-il.gov Put "FOIA" in Subject field

Date Requested: _____

Request Submitted By: _____ E-mail _____ U.S. Mail _____ Fax _____ In - Person

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Records Requested: *Provide as much specific detail as possible. You may attach additional pages, if necessary.

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Is this request for a Commercial Purpose? YES ☐ NO ☐

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Are you requesting a fee waiver? YES ☐ NO ☐ (If you are requesting that the public body waive any fees for copying the documents, you must attach a statement of the purpose of the request, and whether the principal purpose of the request is to access or disseminate information regarding the health, safety and welfare or legal rights of the general public. 5 ILCS 140/6(c)).