

**CITY OF LOCKPORT  
WRITTEN REQUEST FORM FOR INSPECTION  
OR COPYING OF PUBLIC RECORDS**

No. \_\_\_\_\_

**Requester's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**FAX:** \_\_\_\_\_

**E-Mail** \_\_\_\_\_

**Date of Request:** \_\_\_\_\_

**Describe in detail below the public records you are requesting and state whether you wish to inspect and/or copy such records or whether you would want the documents e-mailed to you. ( Legal or letter-sized documents will only be e-mailed to you if less than 50 pages.)**

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\_\_\_\_\_

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**The City of Lockport will respond to the above request within five (5) business days from the above date unless one or more of the seven (7) reasons for an extension of time provided for in Section 3 (e) of the Freedom of Information Act are invoked by the City. Some records requested may be exempt under 5 ILCS 140/7.**

**The City hereby requests that you disclose whether this request is for a commercial purpose. It is a violation of the Act for a person to knowingly obtain a public record for a commercial purpose without disclosing that it is for a commercial purpose, if requested to do so by the City. Commercial purpose means the use of any part of a public record or records, or information derived from public records, in any form for sale, resale, or solicitation or advertisement for sale or services except by the news media  
I hereby state that I am not making this request for commercial purposes.**

\_\_\_\_\_  
**Requester Signature**