



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
(The City will respond to or deny this request within five (5) business days.)

Commercial
(The City will Respond or deny this request within twenty one (21) business Days)

Signature of Requestor

FOR RECORDS MANAGEMENT/CITY USE ONLY

Response (attach correspondence if necessary):
Records made available for viewing Request denied _____
Copies made Yes No _____
How Many? _____ Fee _____ Other _____
Signature _____ Date _____
Title _____
Requestor Notified In Person Mail Telephone

Comments: _____

Department: ___ P. D. ___ Clerk's Office ___ Building ___ P/W ___ Admin ___ Other