

**EXHIBIT A
VILLAGE OF PLAINFIELD
FREEDOM OF INFORMATION REQUEST**

To Be Completed By Requester

Name: _____
Address: _____
Telephone Number: _____

I, the undersigned, do hereby request to examine and/or copy (check appropriate blank) those records maintained by the Village of Plainfield, which pertain to: (Please specify department and records sought.)

I have read and understand the fees set forth in the "Schedule of Duplication" which is set forth on the reverse side of this form. Copies may be mailed to me via certified mail at \$2.98 for the first ounce and \$.22 per each additional ounce. I also understand that all fees must be prepaid.

I do do not want the copies mailed to me at the above-listed address.

Signature

Date

The Village of Plainfield will respond to the above request within seven (7) working days from the date of receipt unless one or more of the seven (7) reasons for an extension of time provided for in Section 3(d) of the Act are invoked by the Village.

To Be Completed by Office

Date Request Received _____
Cost: Copies: _____
Certification: _____
Certified Mail: _____
Total Cost: _____
Date Records either Personally Given _____ or Mailed _____
Denies/Reason Why _____
Deferred/Reason Why _____

Employee Signature

Date