CITY OF CHICAGO
BOARD OF ELECTION COMMISSIONERS
REQUEST FOR PUBLIC RECORDS UNDER THE FREEDOM OF INFORMATION ACT

Requestor's Information: **Date and Time Received:**_____

NAME:_____ EMAIL ADDRESS:_____

ADDRESS:_____ CITY:_____ STATE:_____ ZIP: _____

☎ Contact Number: (_____) _____

Records Requested:

☐ **Voter's Registration** ☐ **Maps** ☐ **Poll Sheets** ☐ **Walk Sheets** ☐ **Other**

To expedite the search, please describe below the *specific* public records you are requesting, including precincts , wards, and/or districts:

_____

_____

_____

Please indicate if you wish to review material or require copies. (Certain fees may apply for copies)

☐ **Inspect** ☐ **Copy** ☐ **Certified Copy**

The Board will respond to this request within five (5) working days. (If responding to the request requires an extension of time, notice will be sent to you in writing.)

_____
(Signature of person making the request)

Mail/Fax/E-Mail : **FOIA Officer, Chicago Board of Election Commissioners, 69 W. Washington, Ste. 800, Chicago, Illinois 60602**
Fax: (312) 269-1984 **E-Mail: FOIAOfficer@chicagoelections.gov**

(SPACE FOR OFFICE USE ONLY)

Amount Due:_____

Rec'd By:_____
Employee Name