



Board of Election Commissioners

OF THE CITY OF AURORA, ILLINOIS 60506
323 WEST GALENA BOULEVARD
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www.auroravotes.org

Hon. Thomas E. Mueller
Circuit Judge
Patrick K. Bond
Legal Counsel
Linda M. Fechner
Executive Director

Commissioners:

Leah Anderson- *Chairman*
Michael McCoy-*Vice Chairman*
Lillian Perry -*Secretary*

REQUEST FOR INFORMATION OF RECORDS

The information I am requesting is per: *(please choose one)*

___ the Freedom of Information Act ___ the Illinois Election Law

Date of Request: _____

Name of Requestor: _____

Organization: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: () - Fax: () - E-mail: *(optional)*: _____

Records Request: In order to expedite your request please describe below the specific public records you are requesting.
Please include wards, precincts and/or districts:

I wish only to inspect these records at the office of the Aurora Election Commission. I understand inspection will be available from 9:30 a.m. until 4:30 p.m. on regular business days.

I request hard copies of the forgoing records and agree to pay the charges as indicated:
First 50 pages are free; \$0.15 per page thereafter, black and white pages only.

If available I request electronic copies of the foregoing records and agree to pay the charges for actual cost.
Cost of CD is \$2.00. Please indicate format: _____.pdf _____.txt _____excel

THIS REQUEST IS FOR A COMMERCIAL PURPOSE (You must state whether your request is for a commercial purpose. A request is for a "commercial purpose" if all or any part of the information will be used in any for the sale, resale, or solicitation or advertisement for sales or services. Failure to disclose whether a request is for a commercial purpose is a prosecutable violation of FOIA.)

My personal use

My campaign use *(Must fill out Political Disclosure Affidavit.)*

Signature: _____ Date: _____

The Illinois Freedom of Information Act allows the Aurora Board of Election Commissioners to charge for the cost of the reproductions.

Records Received:

I hereby certify that I have examined or reviewed the records I have requested and accept them as provided.

Signature: _____ Date: _____

FOR OFFICE USE ONLY

Date Received: _____ Time Received: _____

Received by: _____ Request Submitted by: ___ Email ___ U.S. Mail ___ Fax ___ In Person

Date Response Due: _____ Date Request Available: _____

___ Electronic copy requested ___ Hard copy requested

Number of Copies: _____ Total Amount Due: \$ _____

___ Cash ___ Check - Check no.: _____ Amount Paid: _____ Receipt No.: _____ Clerk Initials: _____