

Village of River Forest Election Records Inspection Request

Date Requested:	Name:			
Request Submitted By:	☐ E-Mail	☐ U.S. Mail	\Box Fax	☐ In Person
Street Address:				
City/State/Zip:			_ Phone N	0
E-Mail:				
Records Requested: Please let us know which election documents you would like to inspect and in what format. The Village will happily share electronic scans of the documents.				
By signing below, I understand that I am not allowed to alter physically or electronically the documents in any way (E.G. removing pages, marking the pages) or any such other activities.				
Your Signature:				
Requests can be emailed	to FOIA@vrf.u	S		
FOR OFFICE USE ON	LY:			
Date Received:	-			