City of Chicago Department of Administrative Hearings 740 North Sedgwick Street, 2nd floor Chicago, IL 60654 (312) 742-4747 (312) 742-8248 (Fax)

FREEDOM OF INFORMATION REQUEST FORM

From:					
	Print Name				
	Address, City, Sta	ate and Zip			
	Day Phone/Email	Address			
The undersigned requests copies of the: □ File Record only □ Cassette Tape or Compact Disk record (Circle type requested.) or □ Entire Record in the following case:					
	- Little Necold III the following case.				
	City of Chicago vs. C	ase Name			
	Docket and/or Ticket Number(s)				
	Hearing Division (Buildings, Consumer Affairs, Environmental Safety, Municipal, Vehicle)				
	Name of Administrative Law Judge presiding at hearing (if known)				
	Date(s) of hearing				
This request is for: my case file someone else's case file a commercial purpose. (Check applicable response.) ID Check for personal case file museum a commercial purpose.					
Signa	ture of Requestir	ng Individual		Date	
WILL	PICK UP		PLEASE MAIL		
An information officer will inform you of the fee for processing your request. Fees are: first 50 pages are free, \$0.15 per page thereafter, \$5.00 per cassette tape, and \$3.00 per compact disk. Your request will be processed upon receipt of the fee, if applicable. All checks shall be made payable to the Chicago Department of Revenue.					
Fee R	eceived:	_By:	_ Process Date:	By:	