

**CITY OF CHICAGO
FREEDOM OF INFORMATION REQUEST**

City Agency: Department of Business Affairs &
Consumer Protection
121 N. LaSalle, Room 800
Chicago, IL 60602
Attn: Kathy Vitek

Telephone: 312-744-5358
BACPFOIA@cityofchicago.org

Please type or print clearly:

Name of Requestor: _____

Date Requested: _____

Organization (if any): _____

Telephone: _____

Complete Address: _____

Fax: _____

E-Mail: _____

Records Requested (Provide as much specific detail as possible so that the public body can identify the information that you are seeking. You may attach additional pages if necessary.):

Is this request for a Commercial Purpose? YES or NO

(Commercial Purpose means the use of records for sale or solicitation. It is a violation of the Freedom of Information Act for a person to knowingly obtain a public record for a commercial purpose without disclosing that it is for a commercial purpose, if requested to do so by the public body. 5 ILC 140.3.1(c)).

Signature of Requestor: _____

FOR AGENCY USE ONLY:

Date Request Received: _____

Request Received By: _____

Signature: _____