

*SUPERVISOR*  
Catherine "Kay" Starostovic

*CLERK*  
Judy Martini



**GRANT TOWNSHIP**  
*Est. 1850*

*TRUSTEES*  
Robert Hamm  
Robert "Bob" Selle  
Tom Lippert  
Karen Fischer

**GRANT TOWNSHIP FOIA REQUEST**  
**A request for records in accordance with the Freedom of Information Act**

Grant Township supports transparency in government and the right to access public records - - - any record relating to governmental operations.

A request for access to or a copy of a public record must be in writing. For your convenience, following is a form that you may use to request information. Please be as specific as possible with your request so that we fully understand what you are asking, and reply with the correct information. If necessary, you may attach additional pages.

The information you are seeking may already be available/posted on the Grant Township website ([www.grant-townshipcenter.org](http://www.grant-townshipcenter.org)) and you may not need to file a Freedom of Information Act request.

Illinois law requires public bodies to comply with or deny a FOIA request within 5 business days, and we will always do our best to provide a response in this time-frame. However, there are circumstances where the time for response must be extended. An extension of 5 days is allowed under the law. A request for records to be used for a commercial purpose requires a public body to respond within 21 business days.

Judy Martini  
Grant Township Clerk  
847-740-2233 [jmartini@granttownshipcenter.org](mailto:jmartini@granttownshipcenter.org)

**OFFICE USE ONLY:**

Date Received: \_\_\_\_\_ Date of reply: \_\_\_\_\_

Received by: \_\_\_\_\_ Additional time requested: \_\_\_\_\_

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Date requested: \_\_\_\_\_

Name and Address of Public Body Receiving Request:

Request submitted via: Email \_\_\_\_\_ US Mail \_\_\_\_\_ Fax \_\_\_\_\_ In person \_\_\_\_\_

Name of Requester: \_\_\_\_\_

Address: \_\_\_\_\_

City/St/Zip (required) \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Fax (optional): \_\_\_\_\_

**Records requested:** Please provide as much specific detail as possible so the public body can identify the information that you are seeking. Please attach additional pages, if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Is this request for commercial purposes?** Yes \_\_\_\_\_ NO \_\_\_\_\_

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 (5ILCS)

**Requesting to view information?** \_\_\_\_\_ **-OR- Requesting copies of information?** \_\_\_\_\_

**Return copy request via:** Email \_\_\_\_\_ US Mail \_\_\_\_\_ Fax \_\_\_\_\_ In person \_\_\_\_\_

*\*\* Note to Requester: Retain a copy of this request for your files. If you eventually need to file a Request for Review with the Public Access Counselor, you will need to submit a copy of your FOIA request*