

**Mayor**  
Steven Streit

**City Clerk**  
Kathleen Gentile

**City Administrator**  
Ben Benson

# LOCKPORT



**Aldermen**

Jim Petrakos - 1st Ward  
Renee Saban - 1st Ward  
Christina Bergbower - 2nd Ward  
JR Gillogly - 2nd Ward  
Darren Deskin - 3rd Ward  
Jason VanderMeer - 3rd Ward  
Joanne Bartelsen - 4th Ward  
Catherine Perretta - 4th Ward

*City of Historic Pride*

222 E. Ninth Street ♦ Lockport, IL 60441-3497 ♦ Phone (815) 838-0549 ♦ Fax (815) 838-9498

**CITY OF LOCKPORT  
WRITTEN REQUEST FORM FOR INSPECTION  
OR COPYING OF PUBLIC RECORDS**

Requestors Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Date of Request: \_\_\_\_\_

Preferred method of response: \_\_\_\_\_

Describe in detail below the public records you are requesting and state whether you wish to inspect and/or copy such records or whether you would want the documents sent to you. (Legal or letter-sized documents will only be sent to you if less than 50 pages, requestor is responsible for all postage)

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

The City of Lockport will respond to the above request within five (5) business days from the date received unless one or more of the seven (7) reasons for an extension of time provided for in Section 3(e) of the Freedom of Information Act are invoked by the City. Some records requested may be exempt under 6 ILCS 14017.

The City hereby requests that you disclose whether this request is for a Commercial purpose. It is a violation of the 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 City. Commercial purpose means "the use of any part of a public record or records, or information derived from public records, in any form for sale, resale, or solicitation or advertisement for sale or services except by the news media".

**I hereby state that I am not making this request for commercial purposes.**

\_\_\_\_\_  
Requestor Signature

\_\_\_\_\_  
Date

**\*\*Please submit request to Donna Tadey at [dtadey@lockport.org](mailto:dtadey@lockport.org), or by fax at (815) 838-9498.**

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Office Use Only

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Due Date: \_\_\_\_\_

Request Granted \_\_\_\_\_ Date: \_\_\_\_\_

Extension \_\_\_\_\_ Meeting Request \_\_\_\_\_

Request Denied \_\_\_\_\_ Reason \_\_\_\_\_

Processed By: \_\_\_\_\_

Staff Approved: \_\_\_\_\_