City Of Aurora
Freedom of Information Act (FOIA) Request Form

Date: _____

Name: _____

Please provide contact information (one method, minimum) for the City to contact/respond to your request.

Mailing address: _____

_____

E-mail address: _____ Phone Number: _____

Please provide a brief description of the information be requested. Be as specific as possible in your request.

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Will the result of this record request be used for sale, resale, solicitation, or advertisement for sales or services? YES ☐ NO ☐

Do you want copies of the documents? YES ☐ NO ☐

Do you want Electronic ☐ or Paper Copies? ☐

If you want Electronic Copies, in what format?

The City of Aurora is permitted to charge for records being requested. Payment of applicable fees is required before releasing the information to the requestor.

Please contact the City of Aurora's Freedom of Information Officer with questions at 630.256.3070.

Submit electronically by e-mail to CSDivision@aurora-il.org or fax to 630.256.3299