



City of Blue Island
Building & Zoning Department
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FREEDOM OF INFORMATION REQUEST

(each page is a quarter per page)

Name: _____ **Date of Request:** _____

Address: _____ **Date of Compliance:** _____

Municipality: _____ **Date of Denial:** _____

Zip Code: _____ **Telephone:** _____ **Cell:** _____

E-mail: _____

Reason for Denial: _____

Information Requested: _____

Specific: _____ **Communications:** _____

Ordinances: _____ **Minutes:** _____ **Plans:** _____

Signature of Petitioner: _____

Signature of Authority: _____

Admin.: _____ **Building:** _____

Fire: _____ **Police:** _____

Public Works: _____ **Water:** _____

Planning: _____ **Other:** _____