



FREEDOM OF INFORMATION REQUEST

Date: _____

Name: _____

Address: _____

Phone: _____

Information Requested:

Please allow seven (7) working days for compliance to your request. If response is anticipated to take longer than 7 days, you will be notified.

Dorothy Grisco
Village Clerk

Please return to: **Office of the Village Clerk**
Village of Matteson
4900 Village Commons
Matteson, IL 60443
Fax: (708) 748-5196