



**WILL COUNTY  
SUPERVISOR OF ASSESSMENTS**

**Will County Office Building  
302 N. Chicago Street, Joliet, IL 60432**

**Dale D. Butalla, CIAO-M  
Supervisor of Assessments**

**Office: (815) 740-4648  
Website: [www.willcountysoa.com](http://www.willcountysoa.com)**

**Freedom of Information Act Request Form**

**Date:** \_\_\_\_\_

**Requestor's Name:** \_\_\_\_\_

**Company:** \_\_\_\_\_

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

**Telephone:** \_\_\_\_\_

**Records Sought: Please state the Request (Be Specific):**

\_\_\_\_\_

Printed Copies    Electronic Format:    PDF    Excel Word Text  
If Electronic Copy, Distribution method:

Electronic Delivery

CD Rom

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

Requestor's Signature: \_\_\_\_\_

Return completed FIOA Request Form to: Will County Supervisor of Assessments Office 2<sup>nd</sup> Floor, 302 N. Chicago St. Joliet IL 60432 or Email to [SOAfoia@willcountyillinois.com](mailto:SOAfoia@willcountyillinois.com)

FOR OFFICE USE ONLY

Date Response Due: \_\_\_\_\_ Date Stamp: \_\_\_\_\_

Records Response delivery date: \_\_\_\_\_ By: \_\_\_\_\_

Response Denied, and Reason: \_\_\_\_\_

Copies made:    Yes    No    Number made: \_\_\_\_\_ Fee Paid: \$ \_\_\_\_\_

Other: \_\_\_\_\_