Use your mouse or Tab key to move through the fields. Use your mouse or space bar to enable check boxes.



Illinois Department of Revenue FOIA-1 Freedom of Information Act Request

☑ Information from the Illinois Department of Revenue	Information from the Illinois Liquor Control Commission (Please complete Page 2)
Illinois Department of Revenue (IDOR)	
Send your request to: SHEILA WASHBURN - FOIA OFFICER ILLINOIS DEPARTMENT OF REVENUE FREEDOM OF INFORMATION OFFICE 101 WEST JEFFERSON MAIL CODE 6-595 SPRINGFIELD IL 62702	Date Requested:/
Name of Requester: RECORDS DEPOSITION SERVICE	Phone (Optional): (248)357 _ 3330
Street Address: P.O. BOX 5054	E-mail (Optional):
City/State/Zip: SOUTHFIELD, MI 48086-5054	Fax (Optional): (248) 357 _ 3337
Records Requested: Provide as much specific detail as possible.	Additional pages may be attached, if necessary.
Please see enclosed Subpoena or Letter Request for inform	ation to be disclosed.
Transmittal information (for both IDOR and ILCC request	ts)
Do you want paper copies or electronic copies? X Paper	otronic
What format are you requesting for electronic copies?	
Is this request for a commercial purpose? 🛮 Yes 🔻 No	
It is a violation of the Freedom of Information Act for a person to knothat it is for a commercial purpose, if it is requested to do so by pub	owingly obtain a public record for a commercial purpose without disclosing lic body. 5 ILCS 140.3.1(c).
Are you requesting a fee waiver? Yes X No	
	s, you must attach a statement of the purpose of the request and whether ormation regarding the health, safety and welfare or legal rights of the
If you have questions, call us weekdays during business hours at 21	17 782-0985 or email at rev.foia@illinois.gov or fax us at 217 524-3402.
Printed name	Month Day Year
Signature	

FOIA-1 (N-08/11)

DATA REQUEST FORM - (page 2)

Illinois Liquor Control Commission (ILCC)

☐ Wine Manufacturer (2nd Class)

Data Field Information: Check all boxes to be included on the requested report

CORPORATION DOING BUSINESS AS (D/B/A) STATE LICENSE LOCAL LICENSE ☐ Corporate name ☐ D/B/A Name License number ☐ Local License Number ☐ Corporate Address ☐ D/B/A Address License Class ☐ Local License Issue Date ☐ Illinois Business Account ☐ D/B/A Telephone Issue Date ☐ Local License Expiration ☐ D/B/A County ☐ License Licensing Authority Number (or IBT Number) **Expiration Date** ☐ Retail Type (On/Off Premises) (Municipality/County) Data Selection Criteria: If requesting multiple zip codes, cities, or counties, attach a separate sheet as needed. Status: Active Licensees____ OR issued dates from ____/__ ____ to ____to ___/____ ZIP Code(S): _____ CITY(S) ____ COUNTY(S) ____ License Class: Check all boxes to be included on the requested report **MANUFACTURERS DISTRIBUTORS RETAILERS OTHERS** ☐ Distiller ☐ Distributor On Premises Retailer ■ Non-Beverage Users ☐ Rectifier Off Premises Retailer Non-Resident Dealers ☐ Brewer Combined Retailer Airplane ☐ Wine Maker (1st Class) Wine Maker Retailer Boat ☐ Wine Maker (2nd Class) Brew Pub Railroad Limited Wine Manufacturer Caterer Broker Wine Manufacturer (1st Class) Auction Winery Shipper's

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