

**City of Chicago
Department of Buildings
Customer Service Request Form**

Requester's Name: _____ Organization (if any) _____
 Requester's Address _____ Telephone No. _____
 _____ Zip _____ Alternate No. _____

**Please list the address/addresses of the property for which records are to be sought.
 Be specific as to your request.
 Check the box below.**

**Address _____
 Please list additional addresses at the bottom of this form.**

- | | | |
|---|---|---|
| <input type="checkbox"/> Permits | <input type="checkbox"/> Prior to 1956 | Plans |
| | <input type="checkbox"/> 1956 to 1992 | Proof of ownership or authorization |
| | <input type="checkbox"/> 1993 to present | from the owner is required to obtain copies |
| | | of plans |
| <input type="checkbox"/> Violations | <input type="checkbox"/> Open | |
| | <input type="checkbox"/> Closed | |
| | <input type="checkbox"/> All | |
| <input type="checkbox"/> Verify Number
of Dwelling units | <input type="checkbox"/> Verify Number of Dwelling Units and Use of Building. | |
| <input type="checkbox"/> Multiple Dwelling
Registration | Ask for separate form.
If for closing, New Owner Name and Address is required. | |

Other _____

**The agency will respond to a request for public records within seven working days after its receipt.
 If your request is denied, you may appeal to the City of Chicago Freedom of Information Coordinator.**

(For agency use only)

Name and title of person receiving request: _____ Date Request Received _____

Name _____ Title _____

Records Found Yes No Records made available

Copies made Yes No How many? _____ Fee _____

Request denied Reason for denial: _____

Signature _____ Date _____

Additional Addresses/Comments:

