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OF COUNSEL

IN REPLY REFER TO FILE NO.

October 23, 2013
Via Electronic Mail

Ms. Linda Leyva
lf-leyva@neiu.edu

EP-1

Re: Freedom of Information Act Request

Dear Ms. Leyva:

The Village of Elmwood Park is in receipt of your October 16, 2013 Illinois Freedom of Information Act (5 ILCS140/1 *et seq.*) ("FOIA") request for the following record:

[A] copy of the contractor's license, Home Exterior Decorating, who replaced a roof on the condo of 2009 N. 72nd Court.

Enclosed please find a record responsive to your request. However, please be advised that certain information in the record being provided has been determined to be exempt from disclosure under FOIA, and that information has been redacted from the record being provided.

Section 7(1)(b) of FOIA provides that "private information" is exempt from disclosure. "Private information" is defined in FOIA as, "unique identifiers, including a person's social security number, driver's license number, employee identification number, biometric identifiers, personal financial information, passwords or other access codes, medical records, home or personal telephone numbers, and personal email addresses. Private information also includes home address and personal license plates, except as otherwise provided by law or when compiled without possibility of attribution to any person." 5 ILCS 140/2(c-5). Consequently, certain unique identifiers, including a social security number, home or personal telephone number, home address, and a signature, have been redacted from the record being provided.

The person responsible for the decision to deny a portion of your request is the Village of Elmwood Park Freedom of Information Officer, Gina Pesko. In accordance with Section 9(a) of FOIA, you are hereby notified that you have the right to file a request for review regarding the decision made by the Village of Elmwood Park Freedom of Information Officer with the Public

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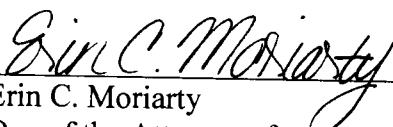
Ms. Linda Leyva
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Access Counselor at the Illinois Attorney General's Office. You can file your request for review with the Public Access Counselor by writing to:

Sarah Pratt, Acting Public Access Counselor
Office of the Attorney General
500 South 2nd Street
Springfield, Illinois 62706
Phone: 312-814-5526
Fax: 217-782-1396
E-mail: publicaccess@atg.state.il.us

Also, you are notified that you have the right to judicial review regarding the decision made by the Village of Elmwood Park Freedom of Information Officer pursuant to Section 11 of FOIA.

Sincerely,


Erin C. Moriarty
One of the Attorneys for
the Village of Elmwood Park

Enclosure



11 CONTI PARKWAY
ELMWOOD PARK, ILLINOIS 60707 • Phone 452-7300

Village of
Elmwood Park

APPLICATION FOR CONTRACTOR'S LICENSE

Date: July 13, 2012 License Fee: \$100.00

Date Paid: JUL 13 2012 Disapproved: Approved:

License No: VILLAGE OF ELMWOOD PARK #5778 Signed: _____ Date: _____

Year Ending: 12/31/12

Every contractor, builder, or any person, firm or corporation engaging in the business of a contractor in the construction, maintenance or remodeling etc., of buildings shall before engaging in any such business, be licensed by the Village of Elmwood Park, be insured and bonded in compliance with Village Ordinances.

The undersigned hereby make application for the Issuance of a Contractor's Business License. This license, if issued, is under the condition that I understand all regulations, including the Building, Plumbing, Fire, Health, and Electrical Codes of the Village of Elmwood Park, and agree to abide by such. **All blanks must be completed prior to submittal.**

Please print or type.

NAME OF BUSINESS: HOME EXTERIOR DEC. INC TRADE: X Tree Trimming

ADDRESS: 1931 OAK AVE CITY NORTHBROOK STATE ILLINOIS ZIP 60062

PHONE NO. 847-372-99-94 FED. TAX NO. X

CORPORATION PARTNERSHIP INDIVIDUAL OTHER (Explain) _____

Business Owner: CHRISTOPHER KOCH

Home Address: _____ City _____ State ILLINOIS Zip 60062

Home Phone No. _____ S.S. No. _____

If corporation, name & title of officers: HOME EXTERIOR DEC INC

Address: 1931 OAK AVE City NORTHBROOK State ILLINOIS Zip 60062

Home Phone: _____

**Bond Required: For PLUMBERS, SEWER Contractors, EXCAVATORS and DEMOLITION Only.
Cancellation of bond, automatically revokes License.**

Name of Bond Co. _____ Bond No. _____ Expires: _____

**Insurance Required: Certificate of Insurance required in accordance with Village Ordinance 29-8A.
Cancellation of Certificate automatically revokes License.**

X Name of Insurance Co. HANDBEL & ASS. Policy No. CD1L013169 Expires 5.30.2013

Every contractor shall be required to exhibit his receipt showing the payment of his fee to the Commissioner of Buildings as a condition precedent to the granting of any building permit to a contractor. Permits MUST be secured for all work prior to starting.

ELECTRICIANS, PLUMBERS, ROOFERS, ALARM INSTALLERS & EXTERMINATORS MUST SUPPLY THE FOLLOWING INFORMATION: (COPY OF LICENSE MUST BE ATTACHED)

Registration No. _____ and/or State License No. 104.010272 Place of Registration: SOME OF ILLINOIS

I understand that I am to comply with all Village Ordinances and Codes, and also will be responsible for removal of all debris, and keep premises in a clean and workmanlike manner. I acknowledge that I am signing this application under the penalty of perjury and that all information provided is true and correct.

Signature: _____ Title: vice-president Date: July 13, 2012

Address: _____ City: _____ Home Phone: _____

A NON-REFUNDABLE LICENSE FEE MUST BE PAID AT TIME OF APPLICATION AND DOES NOT CONSTITUTE APPROVAL OF LICENSE UNTIL BOND AND CERTIFICATE OF INSURANCE IS FILED AND APPROVED BY PROPER VILLAGE AUTHORITIES.