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OF COUNSEL

IN REPLY REFER TO FILE NO.

February 25, 2014  
*Via Regular Mail*

Mr. John Creigh  
828 Foster Street  
Evanston, Illinois 60201

EP-1

**Re: Freedom of Information Act Request**

Dear Mr. Creigh:

The Village of Elmwood Park is in receipt of your February 18, 2014 Illinois Freedom of Information Act (5 ILCS 140/1 *et seq.*) ("FOIA") request for the following records:

Please advise the name of the Owner and the General Contractor for the Walgreens rebuild adjacent to 1610 N. Harlem Ave.

Enclosed are records responsive to your request. However, please be advised that certain information in the records being provided has been determined to be exempt from disclosure under FOIA, and that information has been redacted from the records 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 home or personal telephone numbers, home addresses, and signatures, have been redacted from the records 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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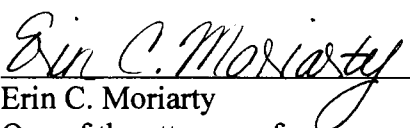
Mr. John Creigh  
February 25, 2014  
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Access Counselor at the Illinois Attorney General's Office. You can file your request for review with the Public Access Counselor by writing to:

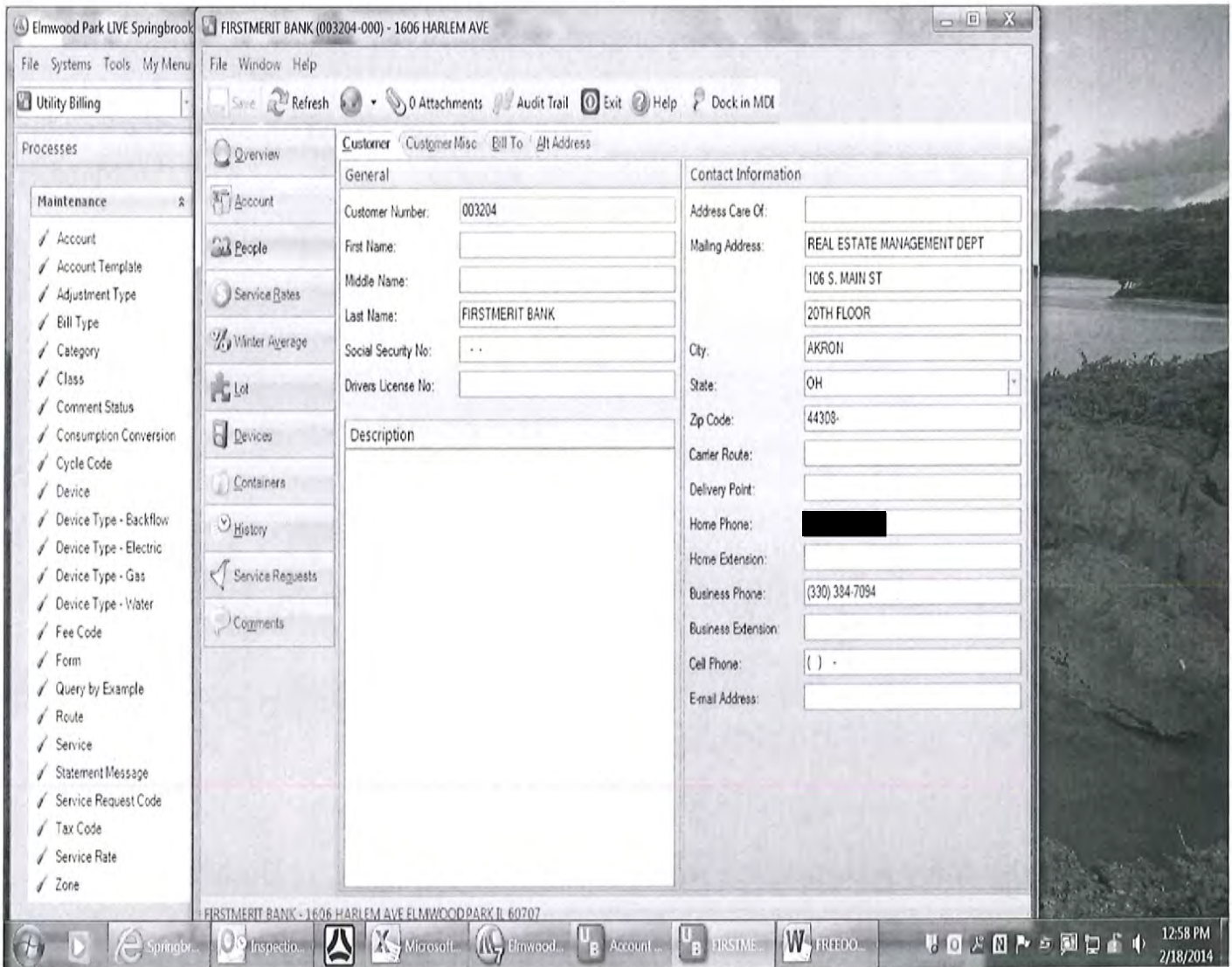
Sarah Pratt, Acting Public Access Counselor  
Office of the Attorney General  
500 South 2<sup>nd</sup> Street  
Springfield, Illinois 62706  
Phone: 312-814-5526  
Fax: 217-782-1396  
E-mail: [publicaccess@atg.state.il.us](mailto:publicaccess@atg.state.il.us)

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

Enclosures





Village of  
**Elmwood Park**

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

**APPLICATION FOR CONTRACTOR'S LICENSE**

Date: January 27, 2014 **PAID** License Fee: \$100.00

Date Paid: January 27, 2014 **AN 27 2014** Disapproved:

License No: #37307 **CONT0323** **VILLAGE OF ELMWOOD PARK** Approved:  GE 1-28-14

Year Ending: 12/31/14 Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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: Delko Construction Co., Inc. TRADE: CARPENTRY  
General Contractor

ADDRESS: 4849 N. Milwaukee Avenue CITY Chicago STATE IL ZIP 60630  
Suite 102

PHONE NO. (773) 282-5500 FED. TAX NO. 36-3198174

CORPORATION  PARTNERSHIP  INDIVIDUAL  OTHER (Explain) \_\_\_\_\_

Business Owner: \_\_\_\_\_

Home Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone No. \_\_\_\_\_ S.S. No. \_\_\_\_\_

If corporation, name & title of officers: Maria Kozonis / President

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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.**

Name of Insurance Co. Westfield INSURANCE Policy No. OMM 4263017 Expires: 2/9/14

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. \_\_\_\_\_ Place of Registration: \_\_\_\_\_

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: President Date: \_\_\_\_\_

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.**