



REQUEST FOR PUBLIC RECORD
Freedom of Information Act, Authority: 5 ILCS 140, et seq.

PLEASE COMPLETE THE FOLLOWING INFORMATION:

Requestor's Name: _____
(LAST) (FIRST) (M.I.) (CO. Represented)

Requestor's Address: _____
(STREET) (CITY/STATE) (ZIP)

Requestor's Phone No: _____
(AREA CODE/PHONE NUMBER YOU CAN BE REACHED MONDAY THROUGH FRIDAY, 8:30 A.M. TO 5:00 P.M.)

Requestor's Fax No: _____

Requestor's Email Address: _____

Format: **Email** (e.g. PDF, Excel, Word, etc.) **Electronic** (e.g. CD/Rom, Diskette etc.) **USPS Standard Mail**

Inspect Records at Township Office **Obtain Hard Copy of Records** **Certification**

Comments: _____

PLEASE ALLOW FIVE (5) BUSINESS DAYS TO PROCESS ALL REQUESTS

INFORMATION REQUESTED
(Please be specific with your request)

Describe Item Requested: _____

Date(s) of Occurrence: _____

Purpose (e.g. commercial): _____

The first 50 pages of a black-and-white document will be free of charge. All subsequent pages will be charged at 15 cents per page. Color copies will be charged at the actual cost of reproducing color copies. A record requiring certification will be charged at \$1.00 per record.

INFORMATION RECEIVED: _____
(PRINT NAME)

(SIGN) (DATE)