



THE CITY OF STAUNTON

"What Small Towns Used To Be"

Request No: _____

FREEDOM OF INFORMATION REQUEST FORM

Request for copies or inspection of public records under the Illinois Freedom of Information Act

DATE OF REQUEST: _____

NAME: _____

ADDRESS: _____

PHONE #: _____

PUBLIC RECORD REQUESTED: (be specific) _____

PURPOSE FOR REQUESTING INFORMATION: (optional, unless for Commercial Purpose)

PLEASE INDICATE YOUR PREFERENCE:
INSPECT _____ COPY _____ BOTH _____

SIGNATURE

Unless otherwise notified, your request for public records will be compiled within five (5) business days (excluding Saturday, Sunday, & holidays) after its receipt.

OFFICE USE ONLY

Date Received: _____

Taken By: _____

Date Response Due: _____

Format of Response: _____

Pages _____ (1st 50 pages free)

Amount Paid: _____

Documents Certified _____

Amount Paid: _____

ACKNOWLEDGEMENT OF RECEIPT

I acknowledge that the City of Staunton, Illinois has provided me with the above information on

Date

Signature