

7135 E. US Route 36 Decatur, IL 62521 Office: 217-864-5263

Fax: 217-864-2034

FREEDOM OF INFORMATION REQUEST

DATE:							
REQUESTOR'S NAME:							
REQUEST SUBMITTED BY:	EMAIL	. MAI	L	FAX/I	PHONE	IN PERSON	
IS THIS REQUEST FOR A COM	1MERCIAL	PURPOSE?	YES		NO		
(It is a violation of the Freedom of Infor commercial purpose, if requested to do				a public reco	ord for a commerc	cial purpose without disclosin	ig that it is for a
ADDRESS:							_
NUMBER PHONE:		STREET		CITY	STATE	ZIP	
RECORDS SOUGHT (Be Speci							
KECOKDS SOUGHT (Be Speci	ncj.						
REQUESTERS SIGNATURE:							
Please note: The first 50 pages requeste	d are free. \$0	.15 per copy after 5	60 pages, All	responses t	o a request for pu	ublic record will be within five	business days afte
receipt. For voluminous requests the tin						wone record will be within five	, business days arter
OFFICAL USE ONLY:							
RESPONSE DATE:							
RECORDS MADE AVAILABLE:		EMAIL MAI	L FAX/	PHONE	IN PERSO	N	
REQUEST DENIED, AND REAS	ON:						_
							-
COPIES MADE: YES	NO						-
NUMBER:							
FEE PAID: \$							
OTHER ATTACHMENTS:							
							_

Office Hours:

Mon., Tue. Fri. 8:00 a.m. – 12:00 p.m. Wed. & Thu. 1:00 p.m. – 5:00 p.m.