



Office of the CITY CLERK  
Phone: 815-632-6630  
Fax: 815-632-6672

REQUEST FOR PUBLIC RECORDS

To: \_\_\_\_\_ (Department) (fax to: 815-632-6673) Date: \_\_\_\_\_

Description of requested record (s): (Please be as specific as you can)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Request is made to (check one or both) \_\_\_\_\_ inspect  
\_\_\_\_\_ copy No. \_\_\_\_\_

Do Copies need to be certified: \_\_\_\_\_  
(yes or no)

If less than all need to be certified, please list those that need to be certified:

\_\_\_\_\_  
\_\_\_\_\_

I certify that this request is not for the purpose of furthering any commercial enterprise and that I am subject to prosecution for making this certification falsely.

\_\_\_\_\_  
(Business Name)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Phone)

**FOR OFFICE USE ONLY:**

Date Received: \_\_\_\_\_ Date Response Due: \_\_\_\_\_

Notes: \_\_\_\_\_

Receipt No: \_\_\_\_\_

(July 2, 1984)