



LIBERTYVILLE TOWNSHIP

HIGHWAY DEPARTMENT

REQUEST FOR RECORDS IN ACCORDANCE WITH THE FREEDOM OF INFORMATION ACT

I hereby request to: Copy Inspect the following public records:

1. _____
2. _____
3. _____
4. _____

Requested by: Name: _____
 Address: _____
 City/State/Zip: _____
 Phone: _____
 Date: _____ Time: _____

Will this material be used for commercial purposes? Yes _____ No _____

The charge will be _____ cents per copy (each side), after the first 50 copies.

A response to your request will be made within five (5) working days of the receipt of this request.

Information Received: _____ **Date:** _____

By: _____ **Signature**
Print Name

Number of photocopies: _____ Total cost: _____ Paid in full: _____

For Office Use Only

Request taken by: _____ Date/Time: _____

Staff respondent: _____ Date/Time: _____

Additional time requested by: _____ Date/Time: _____

Information provided by: _____ (email) _____ (mail) _____ (in person) Date/Time: _____