



## LIBERTYVILLE TOWNSHIP

### 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: \_\_\_\_\_      \_\_\_\_\_  
                                  Print Name      Signature

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: \_\_\_\_\_

6/09

