

EDWARDSVILLE TOWNSHIP ASSESSOR'S OFFICE
FREEDOM OF INFORMATION ACT
REQUEST FOR PUBLIC RECORDS

DATE REQUESTED _____

REQUESTED BY: NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

TELEPHONE(OPTIONAL) _____ FAX(OPTIONAL) _____

E-MAIL(OPTIONAL) _____

REQUEST SUBMITTED BY _____ IN PERSON _____ US MAIL _____ E-MAIL _____ FAX _____

DETAILED DESCRIPTION OF RECORD(S) REQUESTED _____

PLEASE INDICATE IF YOU WISH TO INSPECT OR COPY THE ABOVE CAPTIONED RECORDS:

INSPECT _____ COPY _____ BOTH _____

IS THIS REQUEST FOR A COMMERCIAL PURPOSE? YES _____ NO _____

IT IS A VIOLATION OF THE FREEDOM OF INFORMATION ACT FOR A PERSON TO KNOWINGLY OBTAIN A PUBLIC RECORD FOR A COMMERCIAL PURPOSE WITHOUT DISCLOSING THAT IS FOR A COMMERCIAL PURPOSE, IF REQUESTED TO DO SO BY THE PUBLIC BODY. 5 ILCS 140.3.1(C).

SIGNATURE OF REQUESTER _____ DATE _____

FOR INTERNAL USE ONLY

DATE RECEIVED _____ # OF COPIES _____

DATE DUE _____ FEE(?) _____

DATE AND FORM OF PAYMENT _____