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## REQUEST FOR COPIES OF PUBLIC RECORDS UNDER THE ILLINOIS FREEDOM OF INFORMATION ACT

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NO.: \_\_\_\_\_

PERSON OR ENTITY REPRESENTED: \_\_\_\_\_

Is request being made for commercial purposes? ( ) Yes ( ) No

PUBLIC RECORD REQUESTED (be specific): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Unless otherwise notified, your request for public records will be complied with within five (5) working days after its receipt. Requests for commercial purposes will be complied with within twenty-one (21) days unless otherwise notified.