REQUEST FOR PUBLIC RECORDS

REQUEST MADE BY THE FOLLOWING PERSON:

Name: __________________________________________
Address: _________________________________________
Phone Number: __________________________________
Date Requested: _________________________________

Description of requested record(s). Please be as specific as you can. State whether you wish to inspect and/or copy such records. Also state whether such public records are to be certified.

The records requested are for:

Commercial Use ______ Personal Use ______
Copy ______ Inspect ______ Certify ______

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

The City of South Beloit will respond to the above request within five (5) working days from the receipt of this request unless one or more of the five (5) reasons for an extension of time provided for in Section 3(d) of the Act are invoked by the City.

__________________________________________________________
Signature of person making request

FOR OFFICE USE ONLY:

Department referred to: _______________________________________
Date Received: _________________________ Date Responded To: _________________________
Notes: ______________________________________________________
Fee Paid For Copies: __________________________________________

______________________________
Tracy L. Patrick, City Clerk