

CITY OF SOUTH BELOIT
519 Blackhawk Boulevard
South Beloit, IL 61080

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