



**300 Roosevelt Road
Machesney Park, IL 61115
(815) 877-5432
lorim@machesneypark.org**

Written Request for Inspection or Copying of Public Records

Name: _____

Address: _____

Telephone #: _____

Date of Request: _____

Please specify the public record(s) you are requesting and indicate whether you wish to inspect the copies or receive a copy of such record(s). Also, identify those public records which are to be certified.

COPY _____ INSPECT _____ CERTIFY _____

The Village of Machesney Park will respond to the above request within five (5) working days from the above date unless one or more of the seven (7) reasons for an extension of time provided for in Section 3(d) of the Act are invoked by the Village.

Signature

(For Office Use Only)

Routing for Response:

- President
- Clerk
- Treasurer
- Adm. Assistant
- Public Works
- Community Development
- Zoning
- Building
- Planning
- Attorney
- Zoning Dept.
- _____ Other (Specify)

CC:

- President
- Clerk
- Treasurer
- Adm. Assistant
- Public Works
- Community Development
- Zoning
- Building
- Planning
- Attorney
- Zoning Dept.
- _____ Other (Specify)

Request for Public Records

Information Gathered by: _____

Date: _____

Information Received by: _____

Date: _____

Amount Charged for Copies: _____ .20/each side X _____ = _____.

Receipt Number: _____