

**LITTLE ROCK TOWNSHIP
FREEDOM OF INFORMATION ACT REQUEST FORM
MARCIA NEWKIRK, FREEDOM OF INFORMATION OFFICER**

Phone: 630.552.3315

FAX: 630.552.1316

Email: littlerocktownship@gmail.com

TO: Marcia Newkirk, Freedom of Information Officer
Little Rock Township
611 W. Main Street
Plano, IL 60545

FROM: Name: _____
Address: _____
Phone: _____
Email: _____

TITLES OR DESCRIPTION OF RECORDS REQUESTED:

(Use Attachment if Additional Space is Needed for Description)

CHECK ALL OF THE FOLLOWING THAT APPLY:

I wish only to inspect these records at the office of the Freedom of Information Officer, above. I understand that inspection is available only during regular business hours, Monday – Friday, from 8:30am until 4:00 pm, except legal holidays. (By appointment only)

I request copies of the foregoing records in the following format, if available, and agree to pay the charges as indicated (if format is not available, you will be contacted and asked to select another):

8 1/2" x 11" or legal, black and white, on white paper. *First 50 pages free; \$0.15/pg. thereafter*

Other color print or paper stock *Actual cost of reproduction*
(Please specify) _____

CD/DVD *Actual cost of medium*

Other electronic medium *Actual cost of medium*

I request that the copies be sent via U.S. Mail *Cost of actual postage*

I request that the copies be emailed to me

THIS REQUEST IS FOR A COMMERCIAL PURPOSE (You must state whether your request is for a commercial purpose. A request is for a commercial purpose if all or any part of the information will be used in any form for sale, resale, or solicitation or advertisement for sales or services. Failure to disclose whether a request is for a commercial purpose is a prosecutable violation of FOIA.)

I understand that any payment need be received before any documents are copied and /or mailed.

Date

Signature