SANGAMON COUNTY CLERK'S OFFICE - FREEDOM OF INFORMATION RECORDS REQUEST FORM

Department: ☐ Vital Records ☐ Elections

(Please Print or type)
Date of Request: _____

Name: _____

Address: _____ _____
(Street) (Phone Number)

City: _____ State: _____ Zip Code: _____

Pursuant to the provision of the Illinois Freedom of Information Act, I do hereby request to inspect and/or receive a copy of the following records:

_____

_____

_____

After the first 50 pages, there is a charge of .15 cents per page. All requests shall be complied with or denied, within 5 business days after receipt If agreed to by both parties this time frame may be adjusted.

Should your request be denied in full or in part, you will be notified. If so, the information below will be applicable.

Request for Review Information:

If your request for records has been denied, in-whole or in-part, you have the right to appeal this decision to:

Illinois Attorney General's Office
Public Access Review
500 S. 2nd Street
Springfield, IL 62706
(217) 558-0486
publicaccess@atg.state.il.us

You may also appeal your denial through the Sangamon County Circuit Court.

Office Use:

Date request received: _____ Date response is due: _____

Person who received request at County Clerks Office: _____

Date of compliance with request: _____ By: _____

Date of time extension agreement: _____ By: _____

Copies Received: _____ Fee Charged: _____