

**CAPITAL TOWNSHIP ASSESSOR'S OFFICE**  
**FREEDOM OF INFORMATION ACT RECORDS REQUEST FORM**

Name: \_\_\_\_\_ Tele: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

**Records Requested:** (Provide as much specific detail as possible so that the Capital Township Assessor's Office can identify the records you are seeking. You may attach additional pages if necessary.)

\_\_\_\_\_  
\_\_\_\_\_

Do you want copies of the records requested? YES \_\_\_\_ or NO \_\_\_\_

If you want copies, do you want Electronic Copies \_\_\_\_ or Paper Copies \_\_\_\_? NOTE: After the first 50 pages, there is a 15 cents per page fee for black and white, letter or legal sized paper copies.

If you want Electronic Copies, set forth format you desire: \_\_\_\_\_

Is this request for a Commercial Purpose? YES \_\_\_\_ or NO \_\_\_\_ (It is a violation of the Freedom of Information Act for a person to knowingly obtain a public record for a commercial purpose without disclosing that it is for a commercial purpose if requested to do so by the public body. 5 ILCS 140.3.1(c)).

Are you requesting a fee waiver? YES \_\_\_\_ or NO \_\_\_\_ (If you are requesting that the public body waive any fees for copying documents, you must attach a statement of the purpose of the request and whether the principal purpose of the request is to access or disseminate information regarding the health, safety, and welfare or the legal rights of the general public. 5 ILCS 140/6(c)).

Once this form is completed, you may: hand deliver or mail it to Capital Township Assessor's Office, Room 101, County Complex, 200 South Ninth Street, Springfield, IL 62701; fax it to (217) 535-3233; or email it to [jackih@co.sangamon.il.us](mailto:jackih@co.sangamon.il.us).

**NOTICE: KEEP A COPY OF THIS REQUEST. YOU WILL NEED IT IF YOU SEEK A REVIEW OF THE CAPITAL TOWNSHIP ASSESSOR'S OFFICE'S RESPONSE TO YOUR FOIA REQUEST.**

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**Office Use:**

Date request received: \_\_\_\_\_ Date response is due: \_\_\_\_\_

Person who received request at Capital Township Assessor's Office: \_\_\_\_\_

Date response provided: \_\_\_\_\_ By: \_\_\_\_\_

Date of time extension agreement: \_\_\_\_\_ By: \_\_\_\_\_

# Copies Provided: \_\_\_\_\_ Fee Charged: \_\_\_\_\_