



**City Clerk Department**

Phone#: 309-434-2240

Fax#: 309-434-2802

To:

Date:

Description of requested record(s): (Please be as specific as possible.)

Request is made to: (check one or both)

Inspect

Copy (number of copies)

Do copies need to be certified?

Yes

No

If less than all need certified, please list those that need to be certified.

I certify that this request is not for the purpose of furthering any commercial enterprise and that I am subject to prosecution for making this certification falsely.

Name:

Address:

City:

State:

Zip:

Phone:

**DO NOT WRITE BELOW THIS LINE - OFFICE USE ONLY**

Date Received:

Date Response Due:

Notes:

Receipt #: