



**NORTHERN MORaine**  
**W R D**

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**REQUEST FOR COPIES OF PUBLIC RECORDS  
UNDER THE ILLINOIS FREEDOM OF INFORMATION ACT**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NO. \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

**PUBLIC RECORD REQUESTED (BE SPECIFIC)**

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

Please indicate if you want to receive copies or inspect in person:

\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Unless otherwise notified, your request for public records will be complied with within five (5) business days after its receipt.

Reasonable charges may be required to be paid prior to or at production of the records, depending upon number of documents to be produced.

FOIA Officers:

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