



REQUEST FOR PUBLIC RECORDS

From: _____
Name of Requestor

Street Address

City, State, and Zip Code

Telephone and Facsimile Numbers

e-mail address

To: Village Administrator
Village of Big Rock
P.O. Box 128
Big Rock, IL 60511

Pursuant to the provisions of the Illinois Freedom of Information Act, I wish to:

_____ Inspect, or

_____ Receive copies of the following public records presently in the custody of the Village of Big Rock.
(Note: There will be a charge for all copies provided at the cost of 25 cents per page unless such charge is waived by the Village Administrator).

Description of Records:

I understand that the Village of Big Rock must respond to this request within seven (7) working days, unless such time limit is extended for reasons stated in Section 3 of the Act. I understand that if this request is denied, I may appeal the denial to the Village President through the Office of the Village Administrator.

Signature of Requestor

Date