

ROCKTON



www.rocktonil.gov

110 E. Main St., Rockton, IL 61072

815-624-7600

REQUEST FOR PUBLIC RECORDS

NAME _____
ADDRESS _____
CITY, STATE, ZIP _____
PHONE _____

RECORDS REQUESTED (PLEASE BE SPECIFIC) use separate sheet or other side if needed

PLEASE CHECK ONE

- The records requested are for commercial use
- The records requested are for personal use
- "I request a waiver of all fees associated with this request." **In addition, you must include a specific explanation as to why your request for information is in the public interest— not simply your personal interest—and merits a fee waiver.**

Signature _____ Date of Request _____

Date received _____ Received By _____

Submitted to _____

APPROVED / DENIED by _____ Date _____