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An Equal Opportunity Provider and Provider

REQUEST FOR PUBLIC RECORDS

NAME: _____

ADDRESS: _____

TELEPHONE NO.: _____ DATE OF REQUEST: _____

E-MAIL ADDRESS: _____

In the space below, please describe the public records you are requesting. In order to expedite the search for records, please be as specific as possible.

Do you wish to inspect or receive a copy of the requested records?

Inspect _____ Copy _____ Both _____

Do you wish to receive the requested records in hard copy or electronic form, if available?

Hard Copy _____ Electronic Form (if available) _____

Is your request made for a commercial purpose as defined by the Freedom of Information Act (i.e., do you intend to sell the requested records or use the records in advertisement)?

Yes _____ No _____

Signature of Requestor _____ Date _____

FOR OFFICE USE ONLY

Date & Time of Receipt _____

How Request Was Sent: _____

FOIA Officer's Initials: _____

Date & Time of Response: _____