



**ROCKFORD TOWNSHIP
RECOMMENDED REQUEST FOR PUBLIC RECORDS FORM**

**TO: Jasper St. Angel
Rockford Township Supervisor
315 North Church Street
Rockford, Illinois 61101**

FROM: _____

() _____
Phone Number

Description of information: Use an addendum for additional items requested:

- 1.
- 2.
- 3.
- 4.

I wish to ___ inspect or ___ copy the records.

Please respond by ___ mail ___ fax ___ email

Date _____ Signature _____
Name _____
Address _____

Fax _____
Email _____

For office use only:

Date Received by Rockford Township _____

Date Response Due: _____ (within 5 working days unless extended in writing)

Extension needed or requested reason: _____

Pages 1-50 are free. Over 50, copying charge .15 per page

Records request # _____ are exempt from disclosure pursuant to 5 ILCS 140/7 (1) _____.

The time for responding to your request is being delayed until _____ (not more than 7 additional working days pursuant to (5 ILCS 140/3(____)(____)).