



# Rockford Township

315 North Church St. • Rockford, IL 61101 • 815/962-8855 • 815/962-8963 fax

**Jasper St. Angel**, *Supervisor*

## FREEDOM OF INFORMATION ACT REQUEST FORM

Date: \_\_\_\_\_ Is the request for commercial purposes? Yes \_\_\_ No \_\_\_

Requestor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Requestor's Email Address: \_\_\_\_\_

Description of requested record(s). List records requested below. Please be specific.

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

Requestor's Signature: \_\_\_\_\_

Return Form to: Rockford Township, FOIA Officer, 315 N Church St, Rockford, IL 61101; fax to 815-962-8963; or email to [Accounting@RockfordTownshipIL.gov](mailto:Accounting@RockfordTownshipIL.gov).

### FOR OFFICE USE ONLY:

Date Received: \_\_\_\_\_ Date Response Due: \_\_\_\_\_

Date Records made available: \_\_\_\_\_

Request denied and reason: \_\_\_\_\_

Number of copies made: \_\_\_\_\_ Fee over 50, \$0.15 per page: \_\_\_\_\_

Notes: \_\_\_\_\_