



City of Chenoa Freedom of Information Act Request

Name: _____

Full Mailing Address: _____

Phone Number: _____ Email Address: _____

If Applicable, your Company name: _____

Is this request for commercial purposes? ☐ Yes ☐ No

Describe in detail below the public record you are requesting

How do you wish to receive the records (check one):

☐ e-mail ☐ mail ☐ pick up ☐ inspect only

If fees are assessed, payment must be received prior to the records being released.

Signature _____ Date _____

Turn this form in at City Hall, e-mail or mail to:

City of Chenoa
201 S Green St.
PO Box 167
Chenoa, IL 61726

clerk@chenoail.org

FOR OFFICE USE ONLY

Date Received _____ Date Response Time Expires _____

Received By _____ Date Completed _____