

CITY OF WATSEKA

**Request for Copies or Inspection of Public Records
Under the Illinois Freedom of Information Act**

Name: _____

Address _____

Phone No. _____

Entity Represented _____

Public Record Requested _____

Please Indicated Your Preference:

Inspect _____ Copy _____ Both _____

Certified? Y _____ N _____

Signature

Date

***Unless otherwise notified, your request for public records will be complied within
Five (5) days after its receipt.***

Date Received _____

Date Response Due _____

Taken By _____

ACKNOWLEDGEMENT OF RECEIPT

I acknowledge that the City of Watseka has provided me with the above information.

Date

Signature