

SANGAMON COUNTY CLERK'S OFFICE
FREEDOM OF INFORMATION ACT RECORDS REQUEST FORM

Please note: Vital Records; including birth, death and marriage records, cannot be obtained through the Freedom of Information Act.

Name: _____ Tele: _____

Address: _____

Email: _____

Records Requested: (Provide as much specific detail as possible so that the Sangamon County Clerk's Office can identify the records you are seeking. You may attach additional pages if necessary.)

Do you want copies of the records requested? YES ____ or NO ____

If you want copies, do you want Electronic Copies ____ or Paper Copies ____? NOTE: After the first 50 pages, there is a 15 cents per page fee for black and white, letter or legal sized paper copies.

If you want Electronic Copies, set forth format you desire: _____

Is this request for a Commercial Purpose? YES ____ or NO ____ (It is a violation of the Freedom of Information Act for a person to knowingly obtain a public record for a commercial purpose without disclosing that it is for a commercial purpose if requested to do so by the public body. 5 ILCS 140.3.1(c)).

Are you requesting a fee waiver? YES ____ or NO ____ (If you are requesting that the public body waive any fees for copying documents, you must attach a statement of the purpose of the request and whether the principal purpose of the request is to access or disseminate information regarding the health, safety, and welfare or the legal rights of the general public. 5 ILCS 140/6(c)).

Once this form is completed, you may: hand deliver or mail it to the Sangamon County Clerk's Office, County Complex, 200 South Ninth Street, Springfield, IL 62701; fax it to (217) 535-3233; or email it to stacey.kern@sangamonil.gov

NOTICE: KEEP A COPY OF THIS REQUEST. YOU WILL NEED IT IF YOU SEEK A REVIEW OF THE SANGAMON COUNTY CLERK'S OFFICE'S RESPONSE TO YOUR FOIA REQUEST.

Office Use:

Date request received: _____ Date response is due: _____

Person who received request at Sangamon County Clerk's Office: _____

Date response provided: _____ By: _____

Date of time extension agreement: _____ By: _____

Copies Provided: _____ Fee Charged: _____