## FREEDOM OF INFORMATION REQUEST

VILLAGE OF JEROME 2901 Leonard Street Springfield, IL 62704		DATEFOR OFFICE USE ONLY: Fee Due:	
		Date Completed: Received/Inspected By:	
		Date:	
I hereby request production of the following records. I am describing them in detail and will use the reverse side if necessary, or attach a separate sheet of paper.			
Che	ck which of the following	applies:	
	I will inspect these rec	ords at the Village Hall.	
		uest copies of the requested records and agree to pay the appropriate If requesting copies of all records listed above, state "all."	
		Name: (Please Print)	
		Address:	
		Telephone:	
		Representing:	
		Signature	

THE VILLAGE OF JEROME HAS (7) WORKING DAYS TO RESPOND TO YOUR REQUEST.