

**REQUEST FOR COPIES OF PUBLIC RECORDS UNDER THE
ILLINOIS FREEDOM OF INFORMATION ACT
VIRGIL TOWNSHIP**

Name of Person Making Request: _____

Is this request for business entity: Yes

Address of person/business making request:

(Mailing Address)

(City) (State) (Zip)

Telephone No. : _____

Fax No: _____

Email _____

Please describe the public records you are requesting and state whether you wish to inspect and/or copy such records. Also, please state whether such public records are to be certified.

Virgil Township will respond to the above request within five (5) working days from the above date unless one or more exemptions for an extension of time provided for in Section 3(3) of the Act are invoked by the Township.

Signature of person making request

Please note that you are not required to use this form. This form is provided for your use to help assist Township staff in correctly identifying the documents and information you are seeking.

A copy charge may apply, you will be notified prior to any copies being made of any applicable charges.

For office use only Date received: _____

Due Date: _____

Date Fulfilled: _____

- Assessor
- Highway Commissioner
- Township Office