

**REQUEST FOR INSPECTION/COPY OF PUBLIC RECORD**

Date of Request: \_\_\_\_\_

Specific Record Being Requested: \_\_\_\_\_

For Inspection Only: Yes \_\_\_\_\_ No \_\_\_\_\_ Copy of Record Requested: Yes \_\_\_\_\_ No \_\_\_\_\_

Means of Delivery: \_\_\_\_\_

*By my signature below, I acknowledge that photocopies are 15¢ per page after the first 50 pages, audio/electronic fees will be the cost of purchasing the recording medium, and if copies are to be mailed to me, the copies must be mailed via certified mail at my expense at a cost of approximately \$6.96 plus any additional postage required. I also understand that all fees must be prepaid. Commercial requesters will be charged \$10 for each hour spent searching for & retrieving a requested record, or examining the record for necessary redactions.*

Requested By: \_\_\_\_\_

Name

Signature

\_\_\_\_\_

Mailing Address

\_\_\_\_\_

(Area Code) Phone Number

\_\_\_\_\_

City/State/Zip

*Please submit the completed form to the City Clerk's Office, 300 S. Whittle Avenue, Olney, IL 62450.*

*This form may also be faxed to (618) 395-7304.*

\*\*\*\*\*OFFICE USE ONLY\*\*\*\*\*

Date and Time Request Received: \_\_\_\_\_ Person Accepting Request: \_\_\_\_\_

Request Received: By Mail \_\_\_\_\_ By Telephone \_\_\_\_\_ Walk-In \_\_\_\_\_

Fees: No Charge \_\_\_\_\_ Cost to Provide Copy \$ \_\_\_\_\_ Fee Receipt # \_\_\_\_\_

Date Record Provided: \_\_\_\_\_

Means of Delivery: \_\_\_\_\_

Place, Time and Date Record Available for Inspection: \_\_\_\_\_

Explanation for Cause for Delay (If Applicable): \_\_\_\_\_

If Request is Denied, Date Request Forwarded to City Clerk for Denial: \_\_\_\_\_

Date Written Statement by City Clerk Explaining Denial Provided: \_\_\_\_\_

