

Gabrielle Koonce
Collinsville Township
305 E. Main Street
Collinsville, IL 62234
(618) 344-1290

Date _____

Official Written Request for Information

I hereby request a copy of the following public record from Collinsville Township:
(Please be specific so we can locate the correct record for you)

- Please indicate if you would like to inspect _____ or copy _____ records.
- An appointment is necessary to inspect public records. A \$.15/copy charge is applied after the first 50 copies.
- Your request will be responded to within five (5) days after receipt of this request. If additional time is needed, you will be notified. If our request is denied, you may file an appeal as allowed in the Illinois Compiled Statutes Section 3(5)ILCS 140/3).

COMPANY _____

NAME _____

ADDRESS _____

PHONE/FAX _____

EMAIL _____

SIGNATURE OF REQUESTOR

.....
For office use only:

Date Request Received _____ Date Responded _____

Request Fulfilled _____ Request denied: Full _____ Partial _____

Copies of the above records were copied or inspected and delivered to said individual on
_____ 201__ at _____

Collinsville Township FOIA Officer