

CITY OF LOVES PARK  
ROBERT J. BURDEN, CITY CLERK  
REQUEST FOR PUBLIC RECORDS  
100 HEART BOULEVARD  
LOVES PARK IL 61111

DATE \_\_\_\_\_

IS THIS REQUEST FOR COMMERCIAL PURPOSES?

Yes \_\_\_\_\_ No \_\_\_\_\_

REQUEST MADE BY:

NAME: \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ZIP \_\_\_\_\_

I AGREE CITY CAN REMOVE BIRTH DATES FROM THIS FOIA REQUEST, IF APPLICABLE

YES \_\_\_\_\_ \*NO \_\_\_\_\_

\* INCLUSION OF BIRTH DATES FOR POLICE REPORTS WILL EXTEND RESPONSE TIME FOR THIS REQUEST AND REQUIRE ILLINOIS ATTORNEY GENERAL'S OFFICE APPROVAL

Description of requested record (s). Please be as specific as you can. State whether you wish to inspect and/or receive copies of such records.

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THE CITY OF LOVES PARK WILL RESPOND TO THE ABOVE REQUEST WITHIN FIVE (5) BUSINESS DAYS FROM THE ABOVE DATE.

\_\_\_\_\_  
SIGNATURE OF INDIVIDUAL MAKING REQUEST

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**FOR OFFICE USE ONLY:**

**REFERRED TO  
DEPARTMENT:** \_\_\_\_\_

**DATE RECEIVED CLERK'S OFFICE** \_\_\_\_\_ **DATE RESPONSE DUE:** \_\_\_\_\_

**DATE RECEIVED BY DEPT** \_\_\_\_\_

**NOTES:** \_\_\_\_\_

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FEE PAID \_\_\_\_\_

DATE COMPLETED \_\_\_\_\_