



ROBERT J. BURDEN, CITY CLERK
REQUEST FOR PUBLIC RECORDS
100 HEART BOULEVARD
LOVES PARK IL 61111
815-654-5034

DATE \_\_\_\_\_ IS THIS REQUEST FOR COMMERCIAL PURPOSES?
Yes \_\_\_\_\_ No \_\_\_\_\_

REQUEST MADE BY:

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

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

EMAIL: \_\_\_\_\_

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.

Four horizontal lines for describing the requested record.

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

FOR OFFICE USE ONLY:

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

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

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

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

Three horizontal lines for additional notes.

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

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