

Michelle M. Kollmann

Effingham County Clerk & Recorder

101 N Fourth St., Suite #201 - P.O. Box 628 - Effingham, IL 62401

217-342-6535 - countyclerk@effinghamcountyil.gov

REQUEST FOR PUBLIC RECORDS

FREEDOM OF INFORMATION ACT (FOIA)

**FOR INFORMATION FILED IN THE EFFINGHAM COUNTY CLERK’S OFFICE**

Requestor’s Printed Name Telephone #/E-mail address (*optional)*

Address City/State/Zip Code

Description of Requested Record(s):

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Please indicate if you wish to inspect the above records or wish a copy of them:

 Inspection □ Copy □ Both □

First 50 pages of printed material – no fee After first 50 pages - $0.15/page

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Requestor’s Signature Date

Office Use Only:

Date request received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_ Date response is due: \_\_\_\_\_\_\_\_\_\_\_\_\_